The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VII. TORONTO, JULY, 1911 No. 7

The Eighth Annual Meeting of the Graduate Nurses' Association of Ontario

Held at Niagara Falls, Ontario, on May 24th and 25th, 1911

May 24th, 8 p.m.

A Union Meeting of The Canadian Hospital Association, The Canadian Society of Superintendents of Training Schools for Nurses, and The Graduate Nurses' Association of Ontario was held in the Carnegie Library. This meeting has been reported in the June number. The only paper we repeat is that on "Social Service," given by Miss Forsyth, for The Graduate Nurses' Association.

SOCIAL SERVICE.

Prof. S. J. Chapman explains the topic of this paper as "all kinds of work done by people with the specific intention of making the world better and happier." In this present day, there are many social problems that are occupying the minds of thinking people. Many of these we, as nurses, can only touch upon, yet in our own profession we have opening before us the splendid opportunities of hospital social work, visiting nurses, juvenile protective work, and the work of the nurse in the social settlement. Until recently, the goal of the undergraduate nurse has been hospital or private work. However, with the general awakening of the social conscience, there has come to the nursing profession a greater desire of service amid the less fortunate of our cities' people, and where formerly the path of philanthropy was blazed by a few self-sacrificing women, spending their talents in district nursing, there are to-day many who are using their abilities in scientific and organized effort to ameliorate conditions and effect a higher social life. The nurse in social work is finding it necessary, first of all, to become the student of social conditions. With this increase in scientific knowledge and her additional social training, many of the apparently insurmountable difficulties in the social problem have been overcome, complexities simplified, and her feeling of helplessness and sense of failure has given place to a consciousness of power.

Referring to Mr. Chapman's statement, we realize that the field of social work is wide. It includes every form of energy, whether spiritual, moral, intellectual or physical, expended for the uplift of humanity. It must be the aim of every social worker to secure such conditions that every man, woman and child shall have the possibility of leading a truly human life. By this we mean the life that God intended for him, who is created in His own image and sanctified by His Holy Spirit. In his book on "Jesus Christ and the Social Question," Mr. Peabody writes, "Never before has the world seen the mechanism of the social order adapted as it is now for the conveyance of social energy. The ample channel thus provided waits for the power of the life of the Christian social worker, and as the sufficient stream leaps forth into the various activities of the world, it sings as it flows, 'I came that they may have life and have it more abundantly.'"

It may now be well to enumerate certain branches of social service thereby suggesting to our minds the broad field of this humanitarian movement. These group themselves under the following heads:—The Conservation of Child Life, the Protection of the Factory Worker, the Protection of the Family, the Elimination of the Social Evil, Social, Educational and Religious Centres.

To conserve the life of the child, we find the following activities employed:—The Study of Infant Mortality, the Pure Milk League, the Education of Backward, Truant and Delinquent Children, the Committee on the Prevention of Tuberculosis, Open Air Schools, the Nurse in the School, the Education of Feeble-minded Children, Play and Recreation Centres, the Juvenile Court, the Juvenile Aid Association, the Child Labor Commission, Societies for the Prevention of Cruelty. To better the factory and business conditions of the youth of our city, we have the sanitary inspection of the factory and all places where labor is employed, the work of the factory nurse, the laws regulating the conditions and hours of work. As we grow more scientific we realize that much of the evil originates in the home conditions, and so, to strengthen the life of the family we employ such agencies as the Charity Organization Society, the Care of the Immigrant, the Committee on City Planning and Housing Reform, the Protection of Friendless and Weak-minded Women, the Inebriate Association, Prison Reform. The Social Evil is, perhaps, the most complex of our many problems, as well as the most heartbreaking. It is also the most recent in point of attack. Boston, New York and Chicago, on this side of the Atlantic, are pioneers of the movement, and possibly the work of the Crime Commission of Chicago, during the months just past, by its masterly investigation, as well as by its series of recommendations, has done more than all else to arouse, educate and direct the mind of society toward the remedy of this hidden blight upon the life of our cities.

The foregoing classification contains overlapping, but our aim is suggestion rather than completion. Amid the number of institutions established to accomplish the work of reconstructive philanthropy, and to do preventive work by providing Social, Educational and Religious centres, we find the Social Settlement well to the front, and in the army of workers we find that the trained nurse occupies a high place. We are glad to know that in Canada we are fol-

lowing the steps taken by the larger hospitals of the continent and the United States. Until comparatively recently, on the discharge sheet of the hospital, one might read, cured, unimproved or died. Our interest centres around the unimproved, and this was the extent of the hospital's social conscience toward that particular patient until, perhaps in a few weeks, he was readmitted, in a worse condition due to the lack of proper care after first being in the hospital. As an example we take a quotation from Miss Pelton's paper on social work, published in the Survey of May, 1910, "A child was brought to the dispensary, the doctor's expert examination could locate no definite cause for his anaemic condition, every organ seemed sound. Proper food, fresh air were prescribed and he was daily taken to a park to play but he grew worse, and why? In a home of ignorance and poverty, he was spending the long nights in the same bed with his father, who was dying with tuberculosis. The doctor had not included the home in his examination, therefore could not take into account all the causes contributing to the child's condition. The foregoing is an illustration of the wasting of hospital resources, the wasting of life itself which results from snapping the connection between hospital and patient at a critical point. Not only tuberculosis and the illnesses of children, but a multitude of other diseases seen in the dispensary have their roots in social maladjustment. Patients pass rapidly through the hospital, pressed on by those waiting to enter. Doctors have their specific training and duties, and they are not trained to investigate social conditions and are too busy for such work. In order to meet the doctor's need of knowing the home conditions of any patient, that he may make a more thorough diagnosis, or that the treatment physical or social needed to cure the patient may be carried on, the hospital has added to its staff this somewhat new type of expert, the Social Welfare Nurse. Five years and a half ago, Dr. Richard Cabot, who had long felt the inadequacy of his outpatient department, employed a nurse who had some experience in social work, not to nurse his patients, as some other dispensary doctors had done, but with a wider purpose; she was to be their friend, to discover their home and personal difficulties, to teach them wholesome living, to report wrong social conditions to the doctor, to see that the prescribed treatment was carried out, in the home, and to connect the patient with whatever agency fitted his special need. The work of this nurse was not confined to Dr. Cabot's patients. Her services were offered to the whole out-patient department, the phenomenal response to this quickly resulted in a well-organized Social Service Department. Certain marked groups of patients such as those with tuberculosis, those with nervous disorders and unmarried mothers are now separated under specially trained workers. Like experiment varying somewhat in form and method quickly sprang up in other cities. In 1901, Dr. Charles Emerson, at that time on the staff of the Johns Hopkins Hospital, and a director of the Charity Organization of Baltimore, organized a group of medical students to do friendly visiting in poor families. This grew to over sixty members. At present there are in the United States thirty examples of organized hospital social service. The Social Service Bureau of Bellevue Hospital, New York, handles the largest and probably the most intense problem. In preparation for the session to be given on the subject at the National Conference of Charities and Correction last May, the Com-

mittee on Health and Sanitation sent six hundred letters to the Superintendents of the largest hospitals and dispensaries in the country, asking the extent of their interest in hospital social service. In almost every case they expressed themselves in sympathy with the movement. In the words of Miss Pelton, "they feel that the hospitals with their present incomplete method do not do thoroughly the work they undertake." It has been estimated that during the past few years seventeen hundred nurses, not including school nurses, have turned aside from the more lucrative private cases to take up visiting nursing among the poor. Similarly, the work of the visiting nurse has been a development of recent years. In almost all the large cities of the United States, the Visiting Nurses' Association, while initiated by private philanthropy, has become attached to the municipal organization. She is employed especially in the children's clinics of the free dispensaries, in the special tuberculosis clinics, and in visiting nursing in the homes of the poor. In the fight against tuberculosis, it has been found necessary to concentrate on an effort outside of the hospital, while using hospital agencies. To that end we find in the United States the establishment of the Tuberculosis Institute, originally, as in the case of the visiting nurse, a private enterprise, but becoming in many cities a municipal responsibility. Here the nurse finds full scope for her sympathy, skill and energy. She must know her district, find her cases, induce them to come for examination and treatment to that department in the dispensary, co-operate with the Charity Organization Society in the matter of temporary relief, help institute the day and night camp and the open air school for tubercular children, as well as provide the way for the hospital equipment of the third-stage patient, and the convalescent home for the incipient case.

The study of delinquent children has brought about in the United States, and notably in Chicago, the establishment of the Juvenile Court, the House of Detention, and the Juvenile Protective Association. In the House of Detention there is a resident trained nurse in charge, while the visiting nurses' association are frequently employed as probation officers. The work of the nurse in connection with the Juvenile Court may be one of extreme importance, in that it involves investigation of the home and family and of the physical condition of the delinquent, thereby tending to the eradication of crime.

We now come to the last topic under our consideration, namely, that of the Nurse in the Settlement. A number of years before hospital social service began, Miss Lilian Wald, a trained nurse, founded the Nurses' Settlement, in Henry Street, New York. She had come in contact with settlement work, had recognized its value along social and educational lines, as a means of developing a sense of civic responsibility in the immigrant and the native-born American, and she realized that it might easily and effectively become the centre from which to combat successfully disease and ignorance. In course of time, she established a milk depot and dispensary and made provision for fresh air work during the summer. The social clubs she used as a medium by which to convey a knowledge of the laws of health and sanitation. She had gathered about her a staff of sixty nurses, upwards of thirty of whom live in the settlement, devoting their time to sick and social welfare visiting, dispensary work, and, in gen-

eral, the strengthening of the club organism of the settlement. The remaining thirty find appointment in some of the many settlements with which New York abounds, continuing their work in the various districts, under Miss Wald's supervision. Thus it will be seen that the settlement is the institution whose organization has initiated and developed the thought of Social Service. This by reason of its sharing the life of the community in which it finds itself and because of the elasticity of its machinery, by which it may adapt itself to the particular needs of a neighborhood, and may house within its walls practically all that makes for social welfare on the purely social, educational and religious sides. To quote from the charter of Hull House, Chicago, founded twenty years ago by Miss Jane Addams, we learn the general lines of much settlement work. It reads as follows, "to provide a centre for higher civic and social life; to institute and maintain educational and philanthropic enterprises, and to investigate and improve the conditions in the industrial district of Chicago." We would add perhaps one more clause to this charter, and in doing so we feel that twenty years' experience of social service has proved that nothing will permanently change society save the life changed by the dynamic force of Christ. Therefore we would make it the expressed intention of the settlement, to found such activities as shall open the way for a tactful and yet aggressive Christian work.

The membership of Evangelia Settlement, Toronto, is made up for the most part of Canadian boys and girls, young men and women, together with a number of English families just beginning life in this country, some French-Canadians, a few Germans, some Russian Jews and Bulgarians. Among these one finds almost all forms of religion. To become a member, a child pays a fee of ten cents to join and one cent a week dues, while an evening member pays fifty cents to join and class fees of twenty-five and fifty cents, according to the classes taken. Each club member pays also one cent a week, so meeting the club's social expenses. The day department is divided into a series of self-governing clubs, each with its own platform of work, its club song and its weekly business meeting. Club life begins at the age of four, with boys and girls, the members progressing through a series of clubs, until, at the age of fourteen, they graduate into the business world, and are thereby entitled to rank as evening members. A Mother's Club, a Cradle Club, and Public School Kindergarten are also found in the day department. Supervised play hours, with folk song and games in the winter and in the summer a playground lighted with electricity and equipped with apparatus, happily fill a portion of the time allotted to each day and evening club, while the fashion of keeping all the festive seasons at the settlement is to young and old of perennial interest. A reading room, a games' room, and a lending library offer diversion to all members. In addition to the weekly social club meeting, an educational department, equipped largely by college men and women, offers opportunities of study to those employed during the day. The industrial arts and domestic science find a place in the weekly schedule as well as physical instruction, art classes, a preparatory business course, St. John's ambulance lectures, university extension lectures, Bible classes and Sunday services. A branch of the Penny Bank helps in the practice of economy. In the efforts for pure milk, the settlement has co-operated

with the Hospital for Sick Children, and has for two years maintained a daily milk depot where whole or modified milk may be obtained. Since 1908 the settlement has a summer home for its members on Lake Simcoe; here one finds, from time to time during the season, numbers of working mothers with their babies, little children or business young women. The boys and men are provided for by a camp near Bala, Muskoka.

Two years ago the nursing department was added to the list of the settlement's activities. The work consisted of a study of the neighborhood conditions, nursing, principally obstetrics, in the homes of the Mothers' Club, endeavoring to teach by practical demonstration in their homes the principals of cleanliness, order, proper ventilation, sanitation, the preparation of infant's and invalid's food, as well as arranging, where necessary, for hospital treatment. This involves frequently the readjustment of the home during the absence of the father or mother. Within the settlement, contact with the young business women has opened opportunities of extending medical aid, frequently, to cases of anaemia, nervous disorders and incipient tuberculosis, resulting usually from their work environment. The number of cases treated last year was two hundred and seventy; there were one hundred and sixty-six office dressings, and one thousand eight hundred and eighty nursing, friendly and advisory visits made. As a result of the medical inspection in schools, there being three schools in our neighborhood, and a knowledge of neighborhood conditions, we established a month ago a regular afternoon and evening dispensary. Knowing that many of the mothers go out to work during the day, we considered the advantage to them of an afternoon and evening clinic. The distance is so great to the Hospital for Sick Children, and the number of patients so many, both there and in the other hospital clinics, that it practically meant a day for a mother in this neighborhood to obtain treatment. We hope by our dispensary to act as a go-between where hospital treatment is necessary and to relieve the congestion in some measure in other places.

I have endeavored to review for you somewhat of the history of Social Service, particularly as it affects the trained nurse. The story of this vast movement cannot fail to be interesting. Whether that interest shall crystallize into individual action must be the test of each of us. In Canada we are just awakening to the possibilities of social service. The splendid work of the Heather Club, in Toronto, is well known to all the nursing profession, as well as that of the district nurse in our cities. In conclusion, let me ask you, have you a vision of the city's need, and having a vision, will you, who can, turn aside from the more lucrative channel of our calling and devote yourselves to building up in our country the vast agencies for good which we have been considering.

WINIFRED M. FORSYTH.

Evangelia Settlement, Toronto.

Discussion.

Mr. Grier—I am sure we are all intensely interested in hearing this very admirable paper from Miss Forsyth.

Miss Goodrich told about the settlement work in New York. She spoke of the remarkable work done by Miss Wald. "Many of our leading philanthropists have given their time to prepare the nurses for this wider work. There is also a society in that work. I speak of this because we are always longing to hear that every university in the United States and Canada has such a department." Mr. Grier spoke of the importance in a country which proposes to do good work, that people see to it that they properly appreciate such work as is done by such a benefactor as Mr. J. Ross Robertson. "I should like to pay, if I may do so, my tribute to one who has shown attention to those who are sick and crippled, and more particularly for those who are young, the sick children."

May 25th, 2 p.m.

Meeting was opened with the usual Nurses' Prayer.

Moved by Miss Wardell, seconded by Miss DeVellin, that minutes of last annual meeting and of special meeting be taken as read. Carried.

Secretary's Report.

Nine meetings of your Executive Committee were held during the year. A special meeting of the Association was held December 30th, in The Residence, Hospital for Sick Children, to discuss the proposed Bill on Registration with the lawyer, Mr. Ludwig.

Miss Crosby made several trips, visiting a number of places, including Guelph, St. Catharines, Fergus, London, Stratford, Woodstock, Montreal, Kingston, Belleville, Hamilton, Brockville, Ottawa, Peterboro and Collingwood, in the interests of the Association and "Registration." These visits were much appreciated by the Associations. Money to defray expenses of these trips was raised by the issuing of Florence Nightingale cards and calendars, for which we are much indebted to Mrs. Pellatt and her assistants.

The Alumnae Associations of Collingwood, St. Catharines, Hamilton and Fergus defrayed their own expenses.

A most impressive service, conducted by Archdeacon Cody, in memory of Florence Nightingale, was held in October in St. Paul's Church, Bloor St., Toronto.

Lectures by President Falconer, of Toronto University; Mr. Williamson, President of Dickens Fellowship, Toronto, and Mrs. J. L. Hughes were given during the winter and were highly appreciated, also the kind hospitality of the Misses Gray.

We have a paid-up membership of 241. New members received during the year, 64. Ballot papers posted, 221. Ballot papers returned, 84.

Resignations, for various reasons, were received from Mrs. Yorke, Miss Bowling, Miss Barwick and Miss Kennedy.

Appointments made: Miss Julia Stewart, Executive Committee; Miss Cooper, Corresponding Secretary; Miss Neilson, Assistant Recording Secretary.

We regret to report the loss by death of Miss Chesley, of Ottawa.

Respectfully submitted.

ELIZABETH ROSS GREENE, Secretary.

Moved by Miss DeVellin that report be accepted. Carried.

Report of Registration Committee.

Madam President, Members of the Graduate Nurses' Association of Ontario:—Your committee beg leave to report as follows: Being authorized by the Executive Committee to take such preliminary steps toward obtaining Registration as might be necessary, we wrote to the secretaries of the Registration Boards in the different States of the Union asking for copies of their Bills, together with their opinions upon the working of Registration in their respective States. Their answers were very courteous and helpful. With the information thus obtained, we visited Dr. Clark, Dean of the Medical Faculty of Toronto University, who was much interested, and promised to take up the question with influential friends. He advised us, however, to proceed in the meantime with the plans we had already made, and to get a lawyer to help us draft a Bill and present it to the Legislature. We obtained the services of M. H. Ludwig, LL.B, K.C., of the firm of Ritchie, Ludwig & Ballantyne, who has had much experience in such work, especially in connection with the Law School. He, from the information we gave him and his knowledge of Canadian law, drafted a Registration Bill which, upon the face of it, may not seem to contain much of what we want, and yet is so broad as to give us all we need without tying ourselves down by restrictions that in a few years we might find were quite behind the times, but which we could not remedy without an appeal to the Legislature. One piece of advice which is constantly given us when organizing a society is, "Put as little detail as possible in the Constitution, leaving this for the By-Laws, which are easily changed, if necessary."

After the Bill was drafted, a general meeting of the Association was called for December 30th, 1910, in The Residence, Hospital for Sick Children, Toronto, to hear the Bill read and explained by Mr. Ludwig. As it was very late in the season, and ours being in the nature of a losing cause—having failed once—it was decided, upon the advice of Mr. Ludwig, to postpone any approach to the Legislature until next session, in the meantime putting ourselves under the guidance of our lawyer.

Since our last meeting the need for legislation has become even more apparent, owing to the institution in our midst of such a school as the "Dominion School of Nursing," described in the April Number of "The Canadian Nurse," and I may allude also to the report of a hospital with a training school for nurses, instituted by graduates of an American correspondence school. At present our hands are tied, as we have no special status, and the people in charge

of the institutions probably think they are filling a public need, but we who have been trained in what we consider the best methods, think otherwise. With legislation to protect the "Registered Nurse," they may still be allowed, but the public will employ them with their eyes open, and at their own risk. There is a great need in our land for nurses among people who cannot afford to pay the regular rates, and the nurse who can devise some means to remedy this trouble will confer a boon upon humanity, but if we value our profession we will give of our best to supply this need, and not leave it to untrained hands. At first this may not seem connected with legislation, but we feel that it is one of the great questions in connection with nursing, and one that we must face.

Our President, during the past year, has done what was suggested during the discussion in this subject at the last annual meeting, viz., has visited different sections of the country and sown the seed which, from her reports, found good ground, and at the next meeting of the Legislature we should reap a good harvest, provided that the soil is kept well tilled and watered.

Before closing the report, we may say that the proposed Bill, with the comments upon it by Mr. Ludwig, was given fully in the March number of "The Canadian Nurse." "The Canadian Nurse" has been, and is, of great service to us in scattering abroad the knowledge of what Registration means, and its need in our land.

Signed on behalf of the Registration Committee.

LUCY B. PELLATT, Convener.

Moved by Miss Wardell, seconded by Miss Christie, that this report be received. Carried.

Report of Committee on Revision of Constitution and By-Laws.

Your committee beg leave to report that, owing to the possibility, or may we say the probability, of the success of our Registration Bill next winter, which will materially change the form and the objects of the Graduate Nurses' Association of Ontario, we thought it advisable not to suggest any change at the present time.

Signed on behalf of the Committee on Revision of Constitution and By-Laws. LUCY B. PELLATT, Convener.

Moved by Miss Ewing, seconded by Mrs. Reynolds, that this report be received. Carried.

Treasurer's Report.—In absence of Miss Gray, this report was read by Miss DeVellin.

Treasurer's Report.

Balance on hand May 24, 1910	$248 20
Members' fees	234 00
Receipts from F.N. Calendars and Post Cards	345 15
Donation from Mrs. C. J. Currie	5 00
Interest	7 80
	$840 15

Disbursements.

Stenographer	$ 21 50
Stationery and stamps	26 75
Printing	62 00
Page in "The Canadian Nurse"	36 87
Badges and pins	3 55
G. S. McConkey (catering)	43 00
Cables	10 00
Printing calendars	167 50
Stenographer	15 50
Miss B. Crosby	100 00
Expenses of President visiting Associations	40 90
Record book	65
Agent	4 17
Register	9 00
W. L. Council	50
	$541 89
Total Receipts	$840 15
Total Expenditure	541 89
Balance in Bank	$298 26

MARY GRAY, Treasurer.

May 25, 1911.

I have examined the Treasurer's books and vouchers, and believe that this statement is a correct record of the financial transactions of the organization for the year ending May 24th, 1911. T. W. ELLIS.

Toronto, June 20th, 1911.

Moved by Mrs. York, seconded by Miss Allin, that Treasurer's report be accepted. Carried.

Announcement of Elections.—Read by Miss Greene.

Officers and Executive for 1911-12.

President—Miss Bella Crosby, Toronto.
First Vice-President—Miss Mina Rodgers, Niagara Falls.
Second Vice-President—Mrs. W. S. Tilley, Kingston.
Recording Secretary—Miss E. Ross Greene, Toronto.
Corresponding Secretary—Miss Jessie Cooper, Toronto.
Treasurer—Miss Mary Gray, 505 Sherbourne St., Toronto.

Board of Directors:—Miss Brent, Mrs. Paffard, Miss Mathieson, Miss A. J. Scott, Miss L. L. Rogers, Miss Ewing, Miss Wardell, Mrs. Clutterbuck, Mrs. Findlay, Miss Pringle, Miss Butchart, Miss E. J. Jamieson, Miss DeVellin, Miss Barnard, Miss Kimmett.

Appreciation of the work of the Executive expressed by Miss Crosby.

WELFARE WORK.

Scarcely a century has elapsed since any effort towards the amelioration of the condition of factory employes has been made, but in that short time a great change has occurred.

The dark, unsanitary buildings have given place to clean, well-lighted ones, in which sunlight and good air give an aspect of cheerfulness to the factory itself, and also to the employes. So much has the lot of the employes been improved, that in the last few years a new branch for their betterment has been introduced into the large factories of the United States and Canada. The "Welfare Work" deals with the improvement of the employes, mentally, morally and physically.

Libraries, emergency hospitals and rest rooms have been installed in the factories, and the services of a physician, and frequently a trained nurse, have been engaged.

Where the factory is located in a small town, and a large number of workmen are engaged, many firms have inaugurated a model village, in which the employes live in modernly equipped cottages, rented at a low rate. In several cases the waste land, which is an adjunct to every factory, has been reclaimed, and instead of the cinder-covered and littered landscape, well-kept lawns and luxuriant flower-beds make the building "a thing of beauty."

It is to the McClary Manufacturing Company that the honor is due for the introduction of "Welfare Work" into Canada. For the past 28 years the "Employes' Benefit Society" has been in existence in connection with the factory, and has done excellent work in caring for those who are ill or injured. This society is supported by the contributions of the employes themselves, and has paid out in sick benefits and doctors' fees as much as $3,000 per annum. But it is only since November, 1909, that "Welfare Work" (in its proper meaning, which may be taken to mean "anything supplied by the employers, for the welfare of the employes, that they are not compelled by law or expected by common custom to do") has seriously commenced. It was at that time that a nurse was engaged for the purpose of supervising this work. The duties of the nurse are to enquire into and report daily the condition of any sick or injured, and any unhygienic surroundings in the homes, thus enabling the company to better understand the condition of their working people. The nurse makes a report of accident cases on a regular accident form, giving the information usually required by Accident Companies. Connected with the factory is a small "Emergency Hospital," furnished with everything necessary for emergency work, where the sick or injured can obtain immediate relief. The nurse has regular hours for visiting outside patients. These people are free to call upon her any hour during the day, and in very urgent cases at night. There has been reported during the year forty-three major accidents, three hundred and forty-four house calls, and six hundred and twenty-nine cases at the factory.

This work has proved very advantageous to the company, though perhaps from a short-sighted pecuniary point of view, so far it would appear a loss,

but it may be easily seen that, by raising the standard of a wage-earner, the ouput of the factory is also raised in quality and quantity.

If a man is sick, the foreman is required to report to the nurse, who, as soon as possible, visits him, and does all in her power to make him comfortable and start him on the road to recovery.

The company has provided lunchrooms, and a lunch counter (for the benefit of their employes), where hot tea, coffee, sandwiches, soup, pies and fruits are supplied at cost. And it is the nurse's duty to supervise this, also the lending library, where books can be had for a cent a week.

In the winter months, musical entertainments are held weekly in the men's dining room at noon hour, and the nurse gives instruction on "First Aid Work" to a class of thirty-five or forty girls; while, in the summer, the tennis and baseball grounds are enjoyed to their fullest capacity.

A laundry is to be installed in which soiled clothing of any of the employes may be washed for a small item. Baths have already been established in the girls' dressing room, where, for a small charge, a bath may be secured.

"Welfare Work" is unique, inasmuch as the nurse deals largely with a wage-earning class; a class that is, perhaps, more independent than any other, and over which she has no authority other than her personality and ability to help them in case of need. At first they seem a little suspicious of disinterested kindness which is also gratis, but once win their affections, and arouse their sympathy, and there are perhaps no people so devoted, and the nurse herself gains that comfortable feeling of absolute control without authority, which is, perhaps, the highest reward of her services.

London, Ont. (MRS.) M. REYNOLDS.

"WELFARE WORK."

"The Welfare Work" carried on by the Plymouth Cordage Company of Welland is, I believe, not equalled by that of any other factory in Ontario. So many things have been done to make life brighter for the employes.

In the winter we have an enormous open-air rink, which is flooded and kept in order as long as cold weather lasts. This year a toboggan slide was erected, and was the joy of the younger members of the families.

The "Cordage" is a little colony by itself, consisting of ten four-tenement houses, twenty-three two-tenement houses, and six single houses. There is also the Kindergarten. In this building there are very comfortable rooms furnished for the Kindergartner and Nurse. Plymouth Hall is used for concerts, dances and business meetings, also as a comfortable lunchroom for employes who carry their mid-day meal.

Our athletic field is a place where many happy hours are spent in summer. There are three splendid tennis courts, a croquet lawn, baseball field, fair grounds, and room for much more when the time comes for it.

Last year an attractive little house was built on the athletic grounds, with two sitting rooms, one for men and one for women, provided with shower-baths and lockers.

The Cordage Annual Fair is the greatest event of the year among our people. Prizes are awarded by the company for best fancy work, cookery of numerous varieties, flowers, vegetables, poultry, and for the best-kept lawns and flower and vegetable gardens. On Fair Day a large tent, in which the exhibits are displayed, is open to the public. There are sports and band concert in the morning, baseball and tennis games in the afternoon, and a huge bonfire, fireworks and band concert in the evening.

There are between three hundred and fifty and four hundred employes, and the nurse is kept busy attending the sick members of their families. There is a small but well-equipped hospital at the mill, and there the dressings are done each morning, and any accidents attended.

The Nurse may be called on at any hour by any member of a Cordage family.

Welland. M. OLIVE BRADLEY.

Miss Snively—In looking over the program, I see that we have no one to report about the work of the nurse in such large establishments as The T. Eaton Company, for instance. It occurred to me that this might be interesting for next year.

"The Work of the Pure Milk Committee," by Miss Hanna, Hamilton.

CLEAN MILK FOR BABIES.

A few years ago, Dr. W. F. Langrill, who was then Medical Health Officer of Hamilton, urged that some effort be made to supply bottle-fed infants with clean milk during the summer months, but not enough interest could be aroused at that time to start the matter. The appalling number of infant deaths in the baby ward at the City Hospital and throughout the city in the summer of 1908 brought attention to the question again. A number of medical men in the city considered it carefully, with the result that efforts were made to interest the Board of Health. These were successful, but when the matter was brought before the Finance Committee and a grant sufficient to warrant starting operations asked, they were told that the appropriations had all been made for the year. Then the Victorian Order Committee advised the Commission to go ahead with the work and guaranteed to supply the needed funds.

A farm was selected about three miles from the city, where the herd had been tested and found free of tuberculosis. On this the plant for sterilizing all utensils used in handling and bottling the milk was placed, consisting of two shacks, one for sterilizing, the other for bottling. A formula was agreed on for modifying the milk, and to simplify matters was classified as A, B, C. D, E and G, running from 3 oz., or 1-3 milk, 2-3 aq., milk sugar ½ dr., up to whole

milk, or 8 oz., according to the weight and age of the baby (See table). This was put in booklet form, with much added information on "How to Keep the Baby Well," and distributed freely among the homes. Early in July, 1909, two depots were opened, one at the City Hospital, the other at the market, with

Child's Weight in Pounds	Milk Oz.	Water Oz.	Teaspoonfuls of Sugar	How Often	In 24 Hours Bottles	From 6 a.m. to 6 p.m. Bottles	From 6 p.m. to 6 a.m. Bottles
A. 6, 7 and 8.....	1	2	½	1 bottle every 2 hours	8	6	2
B. 9 and 10.....	1½	2½	½	1 bottle every 2 hours	8	6	2
C. 11, 12, 13 and 14....	2½	2½	¾	1 bottle every 2½ hours	7	5	2
D. 15 and 16.....	3½	2½	1	1 bottle every 2½ hours	7	5	2
E. 17 and 18.....	5	2	1	1 bottle every 3 hours	6	5	1
G. 19 and 20.....	8	0	1½	1 bottle every 3 hours	6	5	1

Two tablespoonfuls make one ounce.

a nurse in charge at the farm, and another at the market depot, while the doctor and nurse in charge of the Out-Patient Department looked after the hospital depot. The system of operation was as follows:

The mothers brought their babies to the depots and had them weighed and the matter of bottles and feeding carefully explained. For instance, a baby weighing 12 lbs. was given formula C—milk 2½ oz., water 2½ oz., milk sugar ¾ oz., 5 in all, and 7 bottles to last 24 hours. The milk was gradually increased in strength as the baby gained in weight. A deposit of 5c. on each bottle was taken from the parents to cover breakage, this to be refunded at the close of the season, when bottles were returned. Each baby was provided with separate feedings for 24 hours, bottled, sealed and ready to be warmed, a nipple applied and given the baby. The mothers did not have anything to do with the modifying, and were warned not to meddle with the milk. Each day the orders were sent out from the depots to the nurse in charge of the bottling and modifying at the farm. The bottles, packed in crates and surrounded by ice, were returned the following morning, ready to be distributed from the depots. A great help in the work of delivery was given by one of the large grocers, who offered to deliver milk along his routes free of charge. In this way over 200 bottles were often delivered daily.

The babies were weighed every week and a record kept, showing increase or decrease in weight. Beginning with 30 bottles, the number ran up rapidly until over 800 bottles were distributed daily, to over 200 babies and children under 2 years. It was found that the babies under 4 months did not do as well as those over that age, the trouble being mostly constipation. The majority, however, did splendidly. In the summer of 1910 work was begun earlier, with a little difference in the methods. This summer five depots were opened in dif-

ferent parts of the city where milk was dispensed, babies weighed and orders taken. There was the great disadvantage of having to procure certified milk outside the city, the milk coming in by train from Erindale, a distance of 25 miles. The plant was stationed at the central depot, where the sterilizing, bottling and modifying were all done. This was also a dispensary. The same system of individual feedings, weighing of babies weekly, etc., was kept up. The season began June 25th and closed Sept. 15th; 253 children and babies had taken the milk, while over 860 bottles were dispensed daily. The response of the mothers for clean milk for their children was prompt and their appreciation gratifying to those who had worked so hard to keep their children well.

The price of the milk for the first year was 1c. a bottle, or about 5c. per quart. The charge the second year was 10c. and 15c. per day, according to formula used. Results: First year, during August and September, 1909, the total infant mortality from cholera infantum was 59, compared with 90 the corresponding months of previous year. Total number of deaths from all causes 91, compared with 126 the previous year. Total deaths among children taking clean milk, 22.

11 cholera infantum.
1 chronic indigestion.
1 carbolic acid poisoning.
1 no record.
2 cerebro-spinal meningitis.
1 heart disease.
1 did not have milk.
1 died when six days old (premature.
3 well until discontinuance of milk, died within a week.

Death rate from cholera infantum, 30 per cent. lower than in 1908.

Second year, 1910, fifteen deaths among children taking milk classified as follows:

7 cholera infantum, on milk one week (two irregular customers).
3 indigestion (discontinued some time before death).
1 spinal bifida.
1 brain complications.
1 tuberculosis.
1 meningitis.
1 pyaemia.

Total deaths in Hamilton (under 2 years) during July, August and September, 127.

Expense:—The only, or chief, objection to the above methods is the expense. The first year about $1,600 was spent, while last year over $2,700 was expended. The subject before the Milk Commissioner at the present time is the work of reorganizing under simpler methods.

Hamilton. M. E. HANNA.

Miss McKenzie—I should like to ask what they are doing in Toronto in connection with the settlement in the matter of pure milk.

Miss Crosby—Miss Forsyth is not here to answer.

Miss Phillips, Montreal—I am an interested listener. We are doing a good deal of the same kind of work in Montreal, but against difficulties. I am glad to hear the expense question is the bugbear everywhere. We have a grant of $500 for this purpose, and they think we are too extravagant. We are trying to open up depots in the settlement houses and in different parts of the city.

REGISTRATION—DISCUSSION ON PROPOSED BILL.

Miss Phillips—The Canadian Association of Nurses in Montreal asked me to convey to your Association their greeting, and to say to you that we were one in heart and sympathy with you in this proposed Bill of Registration. We want to do everything we can to further the cause of our profession. When Miss Crosby spent a day or two with us last December in the interest of "The Canadian Nurse" and "Registration," it put new life into the work.

Miss Crosby—How would you like to consider this Bill? Shall we take it up clause by clause?

Miss DeVellin—Take it up clause by clause.

Miss Crosby—We want to protect the public. We want our nurses to have something to designate them as trained women, who stand on a different plane to the woman who perhaps has taken a correspondence course, or who has walked through a hospital. We want to do something by which our Profession will be recognized as a profession.

We must arrange something that will suit the laws of our own country. It is necessary for us to get permission from the Government in our Province to allow us to manage our own affairs and give us the right to so arrange a Constitution and By-Laws that will make a uniform standard for the nurses of Ontario. The nurses of British Columbia are, I believe, ahead of us in the matter of Registration. They have their Bill drafted much as ours, and were to have had it at the last meeting of their Legislature, but were delayed owing to the omission of some technicality. Next meeting it will come before the House, and I hope will become law.

Article 1. Miss Madden—This does not need any discussion.

Article 2. Miss Crosby—If no one has anything to say regarding this Article, it stands approved.

Article 3. Miss Madden—What is the reason for having the Council so large?

Miss Crosby—It may be that it would be wiser for us to have a smaller Council. It is for this Association to say. The Legislative Committee thought it would be more representative of the nurses of the Province. They will be more than glad to have you correct it in any way. If a smaller number would be better, we would be glad to meet your wishes in the matter, whatever they are.

Miss McKenzie—If this passes, what becomes of the Ontario Graduate Nurses' Association?

Miss Crosby—It will gradually merge into the Registered Nurses' Association.

Miss Madden—Will the Council be the Examining Board?

Miss Crosby—The Council will appoint from amongst themselves the Examining Board. Perhaps it would be wise to leave this to be discussed later on. We will pass on to Article 4.

Article 4—Change to one month before annual meeting, instead of ten days.

Section 5. Miss Crosby—Any discussion? If not, it stands approved.

Section 6—No discussion; it stands approved.

Section 7—Question: What would the condition of the present members of this Association be?

Miss Crosby—All members of this Association would, on payment of the necessary fee, become members of the new Association.

Miss Brent—Is this Association not an Incorportaed Association?

Miss Crosby—Yes.

Miss Brent—How will you get over that incorporation?

Miss Crosby—This will really include the other, and give us what we want in addition.

Section 8—Question: Why was application not made direct to the President of the University?

Miss Crosby—I think that we thought that the Medical Profession and Nurses' Profession were really so closely allied that we should secure it through the Dean of the Faculty of Medicine. We hope to get an interview with the President of the University.

Miss McKenzie—I think it would be much better for us if we could manage to have a Department of Nursing and Health, with a Nurse in the chair, instead of trying to deal with the University through the Department of Medicine.

Section 15. Miss Crosby—I may say that in discussing this section with Mr. Ludwig, that he suggested that we cancel it.

Mrs. Fournier—What would a qualified physician receive as a fee? Better trust to the judge to see that we are properly remunerated in cases of that sort rather than spoil our Bill by having something antagonistic in it.

Miss Wardell—We should act upon the advice of Mr. Ludwig. I move that the advice of Mr. Ludwig be accepted.

Miss Ewing—I second that motion. Carried.

Section 16. Miss Madden—A member of the Legislature in Masschusetts told me that if we passed this Bill it would take from our wives, our daughters and our mothers the privilege of nursing us when we are ill.

Miss Crosby—This clause makes it perfectly clear that we do not want to rob anyone of that right. Perhaps we should have a discussion of the Bill as a whole.

Miss Clara Greene—One of the great benefits to be derived will be the strengthening of the weak hospitals throughout the Province. We will be affiliated with the strong institutions.

Mrs. Fournier—I am not at all familiar with Canadian law. I have not investigated it, so I am rather at sea. Is there any organization whatever which aims to do anything of this nature on a working basis, proving the utility

of this? Is the Medical Council an outcome of their medical organization or is it an outcome of some law demanded by the public?

Miss Madden—I think it is the outcome of the Medical Association.

Miss Crosby—The Medical Profession have the right to manage their own affairs. Why should not nurses have the right to manage their affairs?

Miss Snively—Do I understand that this is a discussion as to whether we shall have any representative from the Medical Council?

Miss Crosby—No. Your general impression of the Bill— the results we may expect.

Miss Snively—I would not like to prophecy. As far as I can see, the Bill is very tangible. I think it has been admirably formed. I do not see why we should not have this Bill presented.

Miss Crosby—Miss Morton, what do you think of it? What is your impression of the bill?

Miss Morton—I approve of it.

Miss Greene, Belleville—I do not know anything about it. The Bill seems to me to be very good. The question was raised as to whether the medical men can manage their own affairs. They do manage their own affairs. It is an outcome of the Medical Profession.

Miss McKenzie—I am sorry I am the only one who seems to be opposed to this Bill. I think it is a very bad Bill. I think if it passes it will be the worst thing that could happen to the nursing profession. I can look five years ahead, and see no practical good which is going to come from this Bill. Your R.N. is too cheap. There is no educational standard set there. It is left to a handful of women. No examination test is set. They may arrange this and may arrange for lectures, and offer a curriculum, but it does not say it has got to be done. It is too elastic. One of the chief benefits to be derived by registration is the improvement of our smaller hospitals. That Bill will not improve our small hospital in the least degree unless there is an exceptional Council. As I read it, that Bill is not going to pull up one hospital in Canada to improve itself. There will have to be more of a legal recognition. It has to be worked up, I think, in connection with the University, as the best way, in connection with our educational system and the stamp of a large organization. Arrange in some way to have a commission appointed to approach the Education Department through the University people.

I would not thank you for your R.N. under that Bill.

In Canada we have the small hospital to reckon with, as well as the public, who do not understand nursing. Make it a Bill that sets down certain things—what standards they must come up to. Have it a minimum standard, and put up your clasps later on, and make it just as hard as you like to be registered. Set a standard and some provision for examinations.

Miss Snively—May I say that perhaps Miss McKenzie has not fully understood that particular clause in the Bill. I have always understood in the wording of the Bill that the standard may be set by the Council that we choose, that the standard does not come into the Bill, but that the Council regulates that standard. For that reason it is important that we should have members of the

Medical Profession on the Council. I think it is all right for nurses to manage their own affairs up to a certain point. We are deeply indebted to the Medical Profession for the interest they have taken in the nurses, in lecturing to them. Still, I appreciate the fact that we would like to have the power of managing our own affairs, but I should like to have the Medical Profession represented.

Miss Madden—I feel with Miss McKenzie. In Massachusetts this same ground was gone over, and almost the majority were in favor of not accepting the Bill as passed. The nurses began their campaign for registration about the same time as in New York. The New York Bill was passed in 1903, and Massachusetts in 1910. It had been going yearly, but one, to the Legislature, but promptly thrown out. Since then good things have already happened through the Bill. It all lies in the personel of the Council. The practice of medicine is one thing and the practice of nursing is another.

Mrs. Fournier—I certainly agree with these remarks which have just been made. The standard worried me a great deal in this Bill. If it is possible in any way that the standards can be pledged from our Council that is appointed. The doctors may lecture nurses. They do not teach nurses. If the Superintendent gets anything from the doctor, she has to put it into his mouth. If once the power is given into your hands, then, of course, the nursing profession has power to appoint the Council. That in itself is a good point, and can be worked out well. It is very important that you get your standard firmly fixed before you get this Bill settled.

Miss Madden—If your Board is secure, the rest does not matter so much. That Bill must be secure or standards may fail in time.

Miss Snively—I felt when I spoke in regard to the Medical Profession that they should have some representative, because I feel they would really be a help, because it is no easy matter, after a Council has been chosen, to regulate the standard to the satisfaction of all. And while I would be glad to see, would always want to see, on the Board of Examiners for such registration, a greater number of nurses—the majority of the Board to be composed of nurses—on the other hand, I would want to see a representative from the Medical Profession.

Miss Snively—I would like to say that it just occurs to me at present that when the New York Bill first passed, those who were thinking much about registration then will recall the fact that the standard set for the first three years was very low, and that all nurses could register on very moderate terms, but since then it has been raised.

Mr. Grier—I should be perfectly content to abide by Mr. Ludwig's judgment. In the first place, I judge that this action of yours in getting a Bill is founded upon the confidence in yourselves as an Association. Assuming that that is the basis of the matter, what is the Bill before you going to be to you. It would be to have yourselves incorporated with unlimited powers, and no restrictions whatever. I am entirely in sympathy with those of you who believe a high standard should be set. Do not bind yourselves to a standard which you may find too low.

Miss Christy moved that the clause remain as it stands, that the Bill be accepted as a whole. Seconded by Miss Allin. Carried.

Miss Greene, Belleville—Regarding the Council of fifteen, would it be right to leave that in the hands of a committee? It seems to me that doing a thing like that hurriedly is not the right thing.

Moved by Miss Green, seconded by Miss Madden: That the Executive choose the Council, and due attention be given to the fact that they have experience in training nurses and have some idea of what the curriculum should be. Carried.

Moved by Miss Wardell, seconded by Miss Ewing, that meeting be adjourned.

8:15 P.M.

Paper—"The School Nurse," by Miss L. L. Rogers, Superintendent of School Nurses, Toronto. Illustrated by lantern slides.

THE SCHOOL NURSE.

Toronto inaugurated a system of Medical Inspection by appointing a school nurse on April 21st, 1910; on May 5th two assistants were appointed, and two more added in November.

In February, 1911, thirteen additional nurses were appointed, making a total of seventeen, with one Superintendent.

The nurses make a class-room inspection once in every two weeks, referring all cases to the Medical Inspector for diagnosis. The minor contagious cases, such as ringworm, scabies, impetigo, and eye diseases, are treated in school by the nurse. The cases of contagious disease, such as scarlet fever, measles and diphtheria, are excluded from school. When the nurse finds a child with a defect, the name is indexed on a card, which is kept on file in school until the case is cured; the case is then considered closed, and the name taken from the card.

After the school work is finished, the nurse visits the homes to learn if the parent is aware of the conditions found in the child, and to have treatment begun. Recently a child was found with one eye almost without sight, and the mother was so sure that nothing was the matter that she said she would go to the oculist to prove that the nurse was wrong. The oculist informed the mother that it was doubtful if the sight could be preserved; now she is inconsolable because no one had told her soon enough to have had something done.

In February, thirteen cases of incipient tuberculosis were found by the nurses, and these were turned over immediately to the Heather Club, which takes charge of such cases, and sends them to an open-air hospital for the summer.

The incorrigibles are turned over to the Children's Aid Society, where they are kept off the street and are carefully taught, and homes provided for them later on.

One nurse recently took twelve children from The Shelter, as the Children's Aid Home is called, to have glasses fitted. Is it any wonder they are incorrigible?

The dental work is an important feature of the system, and is under the direction of a dental inspector. In one school the following conditions were found:

Elizabeth Street School.

55 children examined, aged 5 to 7.
32 children had abscesses.
75 abscesses.
34 children had decayed molars (6th year).
55 children had cavities (420).
32 per cent. perfect.
11 could not masticate.
20 could masticate poorly.
11 could masticate fairly.
13 could masticate well.
19 unclean mouths.
25 fair.
11 comparatively.
17 irregularities.
73 temporary prematurely lost.
0 brushing teeth.
34 enlarged glands.

The Board of Education provides tooth brushes for the children at a uniform price of 5c.

Paper towels are also provided in the schools where most necessary. Children are obliged to wash up if they come dirty to school.

An Audiometer for testing the hearing has been provided, so that when there is any doubt about deafness a special test may be made to find the degree of accuracy.

Sanitary drinking fountains are being installed, and will be a feature of the general progress.

A post-graduate course of one month has been instituted in connection with the Toronto School Nurses' work. This is given to enable nurses to learn just what school nursing is, and how to go about it when called upon to take up the work in new fields. Since January 1st thirteen nurses have registered for this work, nine having completed their course. This is a comparatively new field for nurses, but it is one that is full of interest and helpfulness, both to the children and the nurse.

It is computed that every individual is worth over $1,700 to the community, and we feel that it is a privilege to have so large a share in preserving the resources of the country.

April:

Teeth filled	333	Home visits	2,507
Tonsils and adenoids removed	54	Miscellaneous	51
Glasses fitted	78	Inspections	56,944

LINA L. ROGERS, R.N.,
Superintendent of School Nurses, Toronto.

Miss Crosby—Has Miss Gilchrist, of London, anything to say in connection with this matter?

Miss Gilchrist—No, Madam President. I have nothing to say.

Paper—"The Army Nurse," by Miss Hayhurst, of Hamilton.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President, Miss N. J. Burnett, 423 Main St. East; Vice-President, Mrs. A. W. Newson, 87 Pearl St. North; Recording Secretary, Miss D. E. Street, 200 Hughson St. North; Corresponding Secretary, Miss Etta McLeay, Mountain Sanitorium.

Executive Committee—Mrs. Margaret Reynolds, 87 Victoria Ave. S.; Miss Ida Ainslie, 45 Bay St. S.; Miss Bertha Miller, 87 Victoria Ave. S.; Miss Elizabeth Aitkin, 198 Hughson St. N.; Miss E. J. Deyman, 87 Victoria Ave. S.

Regular meeting, first Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Miss Brent; President, Miss Lina Rogers, 908 Bathurst St.; First Vice-President, Miss M. Ewing, 569 Bathurst St.; Second Vice-President, Miss A. Robertson, 182 Walmer Rd.; Recording Secretary, Miss Monk, 664 Ontario St.; Corresponding Secretary, Miss B. Goodall, 666 Euclid Ave.; Treasurer, Miss M. Wilson, 47 Brunswick Ave.

Directors—Miss E. Jamieson, 23 Woodlawn Ave. E.; Miss Charters, 425 Carlton St.; Miss G. Gowans, 5 Dupont St.

Convener of General Business Committee, Miss Ewing, 569 Bathurst St.; Convener of Sick Visiting Committee, Miss G. Gowans, 5 Dupont St.; Press Representative, Mrs. H. E. Clutterbuck, 148 Grace St.; Canadian Nurse, Miss M. Barnard, 608 Church St.; Invalid Cooking, Miss Mary Gray, 505 Sherbourne St.; Central Registry, Miss McCuaig, 605 Ontario St.; Miss Gray, 505 Sherbourne St.

Regular meeting, second Thursday, 3.30 p.m.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

President, Miss De Vellin, 505 Sherbourne St.; First Vice-President, Miss McKeown; Second Vice-President, Miss McMillan; Secretary, Miss Allen, 71 Grenville St.; Treasurer, Miss Macpherson, Palmerston Boulevard.

Board of Directors—Miss Carnochan, Miss Monery, Miss Soane, Miss Etta MacPherson and Miss Thompson.

Social Committee, Miss Shatford, Mrs. Corrigan and Miss Webster; Sick Committee, Misses Irvine and Gibson; Convener of Programme Committee, Miss McMillan; Convener of Press and Publication Committee, Miss Smith, 9 Pembroke St.

Regular meeting, second Tuesday, 3 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President, Miss Connor, 418 Sumach St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Mrs. W. J. Hohlstein, 175 Walmer Rd.; Secretary, Miss O'Meara, 9 Pembroke St.; Treasurer, Miss Thompson, 9 Pembroke St.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Reilly, 9 Pembroke St.; Miss Blaney, 379 Ontario St.

Representatives on Central Registry Committee—Miss Kimmett, 418 Sumach St.; Miss Weyer, 418 Sumach St.; Miss Ryan, 491 Broadview Ave.

Representative "The Canadian Nurse"—Miss Stubberfield, The Home Hospital, 64 Gloucester St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, St. Michael's Hospital.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss Mannering; Secretary, Miss McElheran, Riverdale Hospital; Treasurer, Miss Fogarty, corner Pape Ave. and Gerrard St.

Sick Visiting Committee, Misses Bishop and Luney; Programme Committee, Misses Stretton, Piggott and Murphy; Executive Committee, Misses Gate, Whitlam, Day and Nicol.

Representatives on Central Registry Committee—Misses Argue and Mannering.

Representative "The Canadian Nurse"—Miss McNeil, 505 Sherbourne St.

Regular meeting, first Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Julia Stewart, 12 Selby St.; First Vice-President, Miss M. E. Christie, 19 Classic Ave.; Second Vice-President, Miss Brerton, General Hospital; Recording Secretary, Miss Janet Neilson, 295 Carlton St.; Corresponding Secretary, Miss Aubin, care of J. W. Flavelle, Esq., Queen's Park; Treasurer, Mrs. Mill Pellatt, 36 Jackes St.

Board of Directors—Mrs. Bailey, Miss Field, Miss Florence Ross.

Conveners of Committees—Sick Visiting, Miss Purdy; Registration, Miss Bella Crosby; Social and Lookout, Miss Kilgour; Programme, Miss Tweedie; Central Registry, Miss W. Fergusson, Miss C. A. Mitchell.

"The Canadian Nurse" Representative—Miss Lennox, 107 Bedford Rd.

Regular meeting, first Friday, 3.30 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, 171 Delaware Ave.

Board of Directors—Misses Pringle, Waddell, Kinder, Hamilton, Griffith, Wilson, and Mrs. Valentine.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Waddell.

The Canadian Nurse Representative—Miss M. S. Wilson, 434 Markham St.

The Association meets every six weeks.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Bell, Lady Superintendent; President, Mrs. MacConnell, 125 Major St.; 1st Vice-President, Miss M. Wilson, 30 Brunswick Ave.; 2nd Vice-President, Miss M. Brett, 27 Irwin Ave.; Recording Secretary, Miss M. Kelly, 254 North Lisgar St.; Corresponding Secretary, Miss L. Bowling, 77 Winchester St.; Treasurer, Miss Mary Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Yorke, 400 Manning Ave.; Miss M. Booth, 30 Brunswick Ave. Registry Committee—Miss E. McArthur, 30 Brunswick Ave.; Miss M. Wilson, 30 Brunswick Ave.

Board of Directors—Miss M. Brett, 27 Irwin Ave.; Mrs. Yorke, 400 Manning Ave.; Miss E. Hamlin, 30 Brunswick Ave.

Programme Committee—Miss M. Misner, 16 Ulster St.; Miss Madeline Ruck, 671 Huron St.

The Canadian Nurse—Miss M. Butchart.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 615 a.m Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.
Chaplain—Rev. F. G. Plummer.
Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

THE ARCH-CONFRATERNITY OF THE "MISERICORDIA," FLORENCE.

(Continued from June)

It is said to have been founded in the middle of the thirteenth century by a certain Piero Borsi, one of a number of porters employed in carrying bales of woollen goods to and from the city warehouses. These men were apt to congregate in the Piazza S. Giovanni, looking for jobs, and spending their leisure in gambling and swearing. Piero, being a devout man, was so much scandalized at the profanity of his companions, that he not only boldly reproved them, but persuaded them to impose on one another a fine for each offence, to be paid into a general fund. This did not prove so potent a check but that in a short time a large sum was collected, and at Piero's suggestion, unanimously agreed to, devoted to the purchase of litters, in which the porters by turns carried the sick poor, or victims of accidents and street brawls, to the hospitals. Later a Confraternity was formed for the burial of the dead, under the patronage of Tobit, the pious burier of his brethren. And so in 1250 "the erstwhile company of blasphemers blossomed out into the Company of Brothers of Mercy."

Whether this story of its origin is in detail correct or not, the institution was firmly established and held in reverence in the year 1329, and did enormous service during the plagues and fevers of the fourteenth and fifteenth centuries.

(To be Continued)

MINUTES OF THE THIRTEENTH ANNUAL MEETING OF THE BOARD OF GOVERNORS OF THE VICTORIAN ORDER OF NURSES FOR CANADA.

The thirteenth annual meeting of the Board of Governors of the Victorian Order of Nurses for Canada was held at Government House, Ottawa, on Thursday, March 2nd, 1911, at 12 noon, under the presidency of His Excellency, Earl Grey. There were also present: Her Excellency, Lady Grey, Lady Ritchie, Lady Borden, Mrs. R. L. Borden, Mrs. Kirchoffer, Mrs. Ellis, Mrs. Nordheimer, Mrs. Short, Mrs. Macarow, Miss Dow, Mrs. Learmont, Mrs. King, Mrs. Foster, Mrs. Bell and Miss MacKenzie.

Mr. J. M. Courtney, Sir Sandford Fleming, Senator Ellis, Mr. John Herron, M.P., Dr. McGregor, Mr. Goff-Penny, Mr. M. McCarthy, M.P., Mr. Jas. W. Madden, M.P., Prof. J. W. Robertson, Dr. Travers Lewis, Mr. John Fraser, Mr. J. F. Orde and Dr. T. Gibson.

The minutes of the last annual meeting were taken as read.

Mr. Orde reported apologies for absence from Mrs. Ahearn, Mrs. Barnard, Mrs. P. Whelan, Mrs. Montizambert, Mr. Farquhar Robertson, Principal Gordon, Judge Forbes, Mr. Hallamore, Dr. Roddick, Mr. Wilkie, Mr. Flavelle, Senator Cox, Rev. Dr. Edgar Hill, and the Mayor of Ottawa.

The report of the Hon. Secretaries, Hon. Treasurers and Chief Lady Superintendent were then read.

His Excellency referred in terms of admiration to the splendid work described in the report of the Chief Lady Superintendent, and reported that he had had correspondence with the Lieut.-Governors of the Prairie Provinces with a view to securing, if possible, votes of money from their Governments in aid of establishing Branches of the Order in those Provinces, under The Lady Grey Country District Nursing Scheme. Favorable replies had been returned.

(To be Continued)

A post-graduate course in district nursing—four months—is given at one of the four training centres of the Order: Ottawa, Montreal, Toronto, Winnipeg. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa; to the District Superintendent, 29 Bishop Street, Montreal; to the District Superintendent, 206 Spadina Avenue, Toronto, or to the District Superintendent, 145 Sherbrooke Street, Winnipeg, Man.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Phillips.

Vice-Presidents—Miss Tedford and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison St.

Registrar—Mrs. Berch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, the first Tuesday in the month, at 8 p.m.

The usual committee meeting was held in June in the C.N.A. room, with a small attendance.

Several new Pure Milk Stations have been opened, with money granted by the City Council and with the proceeds of "Tag Day."

Miss Phillips, of The Montreal Baby and Foundling Hospital; Miss Trench, of The Woman's Hospital, and Miss Goodhue, Royal Victoria Hospital, attended the convention at Niagara Falls. Miss Phillips stayed in Toronto with friends, and while there visited the hospitals.

Miss Eva Welch, who has been nursing in Quebec, has gone to England.

Mrs. Douglas, of Winnipeg (née Miss Andrews), Graduate of Montreal General Hospital, was visiting in Montreal for a few days.

Miss Helen Mathias is spending the summer at Beaconsfield with Mrs. Heubach.

Miss Vivian Petrie, Graduate of Englewood Hospital, is spending her holidays in Kingston.

Miss Des Brisay is doing school nursing in Montreal.

THE ARMY NURSE.

When Miss Crosby asked me to read a paper before this Society on Army Nursing, I hesitated before complying with her request, as I was not at all sure whether I could fulfil the requirements. However, I have put together some facts about the origin and history of the service, and a few of my own experiences as an Army Nurse, which I hope will prove interesting to you.

The care of the wounded during war time dates as far back as the history of war itself. In the Dacian wars, Trajan had something resembling ambulances for injured soldiers, and in the time of Emperor Adrian, A.D. 76, we read of tents and a corps of men set apart for the care of the wounded. In the ninth century a special body was organized by Leo VI. for the same purpose, and in 1048, during the Crusades, the Order of the Knights of St. John of Jerusalem was founded. Originally these Knights not only performed the duties of the present-day Royal Army Medical Corps, but were also combatants. However, Saladin allowed them to enter Jerusalem on a neutral footing to attend their wounded comrades who were his prisoners. This Order is still in existence, and the decoration, a Maltese cross enamelled white, edged with gold, is bestowed on any person who renders conspicuous aid to the wounded; our sex being created "Ladies of Grace" of the Order. About the middle of the eighteenth century, Frederic the Great of Prussia and the King of France were engaged in what is known as the "Seven Years' War," and during this war, by mutual consent, all the Medical Staff were treated as neutrals, and were strictly non-combatants. Later, during the Napoleonic wars, the Surgeons-in-Chief to both armies organized a very efficient Medical Service on a neutral basis.

The Religious Sisters of the various uncloistered orders were the only women who did any organized nursing during war; certainly there were the soldiers' wives and the usual followers of every army, but on the whole the absence of these was preferable to their presence. Indeed, when the Crimean War first broke out, and the question of providing female nurses for our troops was discussed, it was decided not to send any, because of the only class of woman available. Florence Nightingale, who has been called "The Mother of Nurses," was pre-eminently the foundress of organized Army Nursing. In 1854 war was declared against Russia by the English and French allies. There was no provision made for the nursing of our men except by the untrained male orderly, the staff of medical men was absolutely unable to cope with the wounded who, after the battles of Alma and Inkermann, accumulated in appalling numbers. This uncared for state of our men was rendered more conspicuous by the more human methods of our French allies. In camp and hospital, Sisters of Mercy ministered to the needs of the wounded and sick. In the convents all over France they had been trained in sick nursing, and had now left the seclusion of their quiet cloisters for the scene of battle. Appeals were made by the noted war correspondent, Mr. Wm. Russell, and the wives of officers who were at the front sent home harrowing accounts of the distress which they were unable to alleviate. Mr. Sidney Herbert, head of the War Department, suggested Miss Nightingale as the one woman in England who was fitted to organize a nursing staff. She had studed at Kaiserworth, in the

Deaconess' Hospital, and had also worked in London. His letter to her asking her to accept this work crossed one from her to him volunteering her services.

On Oct. 21st, 1854, she and her staff of 38 nurses left London for the front. There were Roman Catholic Sisters, Anglican Sisters and secular nurses among her party. We know what difficulties this intrepid little band had to encounter. At Scutari they found the huge barracks hospital overflowing with sick and wounded; the wards and even the corridors from the cellar up were packed with the poor fellows, and every hour they poured in in an unceasing stream, in many cases dead and dying lying touching each other, the surgeons so busy that they could only attend to the more hopeful cases, leaving many to die untouched and uncared for. On one occasion Miss Nightingale begged to have her way with some poor fellows the surgeons had decided not to operate on, as they were almost moribund. By dint of unceasing care and vigilance, in 24 hours they were in a condition to be operated on, and their lives were saved. Numberless are the cases cited who were saved by the careful nursing of these brave women; and how their arduous fight resulted in producing order from chaos they found awaiting them at Scutari is a matter of history. Not only in the wards, but in the kitchen, in the proper preparation of nourishing food, etc., for the invalids, and in overlooking the stores of clothing, the laundries, etc., was their work invaluable. Miss Nightingale's name will live always in history as the foundress of a great work. Longfellow called her the "Lady of the Lamp," apropos of her nightly rounds of the wards, lamp in hand, when the poor fellows in their gratitude kissed her very shadow as it fell on their pillows. I came across this little poem, written shortly after her death:

At Chelsea, under the lime tree's stir,
I read the news to a Pensioner,
That a noble lord and judge were dead—
"They were younger men than me," he said.

I read again, of another death;
The old man turned, and caught his breath—
"She's gone?" he said; "she, too? In camp
We called her the 'Lady of the Lamp.'"

He would not listen to what I read,
But wanted it certain—"The lady's dead?"
I showed it to him to remove his doubt,
And added, unthinking, "The Lamp is out."

He rose—and I had to help him stand—
Then, as he saluted with trembling hand,
I was abashed to hear him say,
"The lamp she lit is alight to-day."

And this is more than true. After the war, the gratitude of the British nation had to show itself in some tangible way, and the enormous sum of nearly £50,000 was subscribed. With this money was founded the Nightingale

School, at St. Thomas' Hospital, for the systematic training of lay nurses. Her example led to the organization in U.S.A. of the Red Cross Society, and as another direct fruit of her labors, M. Henri Dunnant, of Geneva, appalled by the fearful carnage and disease among the soldiers during the Italian campaign, succeeded in gathering an International Congress at Geneva in October, 1863, to consider how a neutral body might be formed to look after the wounded. The result of this was the founding of Red Cross Societies all over Europe, which act with their respective governments and the armies.

In the Franco-German war, in 1870, Miss Nightingale's advice was frequently asked, especially by the German authorities, when organizing their nursing and medical corps.

When the South African war broke out, the British Army Nursing Service was in good order, but of course had to be largely augmented by the Princess Christian Army Nursing Service Reserve, for which I think nearly every qualified nurse in England volunteered. At first the wheels moved rustily, but in a very few months things were organized and going comparatively smoothly. Many private hospitals, such as the Portland Hospital, the Imperial Yeomanry, and the Irish and Scotch Hospitals were equipped and sent out. At first there was a rush of amateur nurses, society women, many of them absolutely untrained, and unfitted in every way for the work, which, in their misguided and romantic enthusiasm, they had undertaken. Many are the tales told of their ministration. A Sister who was with the Yeomanry Hospital at Deelfontein told me of one individual who insisted on feeding the poor, hungry Enterics with currant buns. Another tale is told of a poor fellow who, when one of these patriotic ladies had carefully sponged his face and hands and smoothed his pillow, asked him if "he was not much more comfortable now?" "Yes, mum," he said, with a resigned sigh, "You're only the ninth lidy who's washed me this morning." I can vouch for the truth of this incident, as it was told me by someone who actually saw it. It was in one base hospital, infested with the amateur pest, that one of the soldiers in despair got a comrade to write in large letters: "Too ill to be nursed to-day, thank you," and pin the placard on the foot of his bed, while he retreated under his blankets. Miss Nightingale, although at this time confined almost entirely to her room, followed with interest the elaborate preparations for dealing with the sick and wounded, it reminding her vividly of her own pioneer work nearly 50 years before. It gave her particular pleasure to receive and bid "God-speed" to some of the nurses. The neat, workmanlike uniform of blue and scarlet must have contrasted favorably with her memory of that worn by her brave staff, which was described as consisting of "grey tweed wrappers, worsted jackets, white caps and short woolen cloaks, and a frightful scarf of brown Holland embroidered in scarlet, with the words, "Scutari Hospital." These garments were contract made, and all the same size, so you may imagine the effect—tall and short all clad alike.

When a romantic girl in my teens, I used to dream of myself kneeling on the field of battle, with a wounded soldier's head in my lap, a perfect hailstorm of shot and shell hurtling round my heroic head. I scarcely know what

I was supposed to be doing in this picturesque pose, but such was my dream. Needless to say, I found the reality slightly different. War is ghastly and grim. One needs to see it before one realizes the horror and cruelty of it. In London, when we saw the troops marching through to station or dock, our hearts beat high with patriotism, we longed to follow them; how we cheered ourselves hoarse at the news of some victory, flags and bunting flying everywhere, men and women alike delirious with the excitement. But I can tell you the grim reality of it all struck home when we saw the columns coming into camp, dusty and travel-stained, weary and footsore. Were these the smart, jaunty, khaki-clad men we had seen marching so gaily through the London streets? Were these broken-down, limping, worn-out horses, these wicked-looking, dirt-colored guns, the trim, glittering batteries we had seen not so long ago taking part in a royal pageant? And the Boers! It touched one to the quick to see them coming into the Refugee camp, a Cape cart piled high with their household treasures, and perhaps perched on the top, two or three children, sometimes a lad of eleven or twelve playing the man's part, nearly all wearing mourning, the women with sad, worn faces; turned out of their farms, which, under the stern necessity of war, had perhaps been occupied, or even burned down, by our troops. Their husbands—fathers—where? Possibly lying in one of our hospitals; perhaps exiled to far Ceylon; or maybe stretched in a nameless grave out on the veldt! What wonder that these poor things looked at us with hatred written on their faces! I cannot begin to tell you of how the horrors of war touched us! Where was the glamour and excitement now?

But yet I know that, in spite of all this, we were glad to be there. The first time I was sent out, I was stationed in Pretoria, attached to the Imperial Yeomanry Hospital there. It was a splendidly equipped stationary hospital, containing about 1,500 beds. The camp was one of the best-arranged in the country, pitched on sloping grounds, the convalescent and surgical tents on top of the hill, lower down the medical, and at the foot of the hill the enteric and dysentery tents. We had plenty of supplies of every sort, and were able to give our patients comforts without stint, and it was very encouraging to see the way the poor fellows appreciated what was done for them. We nearly all had friends at home who sent out private supplies, and not many Tommies left us without a couple of new shirts, or socks, or some such practical comfort to take on trek. I remember one column coming in from a very arduous march, through the wold country north of Pretoria, and one poor fellow who was sent into my wards showed me the most unique pair of nether garments it has ever been my lot to see. They were made from a table cloth, pink and green and purple in pattern, he had looted from a Dutch farm. His original garments were mere rags tied together, and from this treasure of some woman's heart, he had constructed a pair of cylindrical bags, of which he was most proud. There was some very stiff fighting all round Pretoria at this time, and at Noolgedacht, about 30 miles away, among the mountains, a fairly big battle was fought. The wounded were brought down to Pretoria. It was in the very hot season, and the sufferings of these poor, shattered fellows, being brought down in creaking, swaying bullock ambulances, over the sandy, rough apology for road that existed then, some of them with just a rough field dressing on

their wounds, were too terrible for words. The ambulances rumbled in for days, some of them containing dead as well as living occupants, and the condition of some of the wounds beggars description. The flies had got to them, and they were literally crawling. Hot boracic compresses were the orders for many days, but it was really wonderful how quickly some of the most terrible-looking wounds healed, in that clear atmosphere. As I said before, with the Yeomanry we were very liberally supplied with everything, but such was not the case in every hospital. I remember one Sister telling me that in Kroonstad, on the very night they arrived there, the Boers blew up the railway bridge behind them, and then attacked the garrison. Of course they themselves—the Sisters and medical men—were safe under the Red Cross flag; the hospital tents were not even pitched when the wounded began to come in. For sutures, etc., they had to sterilize sewing thread, and boil anything they could find in the shape of white cotton for dressings. Every soldier has stitched into his coat lining an emergency dressing, but this is always applied on the field by the ambulance orderlies.

For a while I was stationed in the northwest of Cape Colony, at a place three or four days from the railway. Here we had to organize a hospital—no supplies! No anything! Our own old underclothing, and what we could beg from the civilians in the village, had to be torn up and boiled to supply dressings, until we could get things up from the base. The R.A.M.C. orderlies, who were trained men, were many of them very capable, and in Pretoria our work was arranged so that each Sister had charge of about 50 patients, with an average of one orderly to each ten beds. The supply of R.A.M.C. men had to be eked out with regimental orderlies, ex-patients who were detailed for hospital duty. On the whole, these men were kindly, willing fellows. Our duties were to superintend their work, give out all stimulants and medicines, watch the serving of meals, keep an eye on temperatures, and, in the very bad cases, we always did the sponging ourselves. In the enteric and dysentery tents, a Sister would have fewer beds, and a larger proportion of orderlies, as there patients required much more personal attention than the ordinary medical cases. We had a very bad outbreak of enteric during the hot season in Pretoria, but our supplies were plentiful, and we were able to cope with it. Alas! the next hot season I was in Cape Colony, an even worse outbreak of enteric of a very bad type, supplies almost nil, sanitary arrangements of the most primitive description. It was marvelous that the whole garrison and civilian population did not go under with it. For convoying the wounded and sick from up country down to the Cape, and where possible from the Field and Stationary Hospitals, the Hospital Trains rendered an invaluable service. These consisted of long coaches, fitted with tiers of spring berths, and could accommodate on an average of 200 men. They were in charge of two medical officers and two Sisters, and they were on the move constantly, laden with their pitiful freight. The Hospital Ships, too, were wonderfully well organized. I was detailed for duty on a trip home on the "Canada." She was beautifully fitted. The convalescents had sunny cots down on the lower deck, then between decks there were large medical and surgical wards, with stationary berths for the very sick patients. After the medical officer's morning round,

and when all the dressings, etc., were done, all patients that it was possible to carry on deck were taken there for the rest of the day, and in the tropics were often left there all night, too.

The convalescents all reported to the Sister in charge of their wards at 8 a.m. Any complaints were considered, dressings done, medicines given, and, unless necessary, they were not seen again until 6 p.m. It was wonderful how some of the weakest of them seemed to draw in fresh life and vigor with each breath of the pure ocean air. We found the tropics very trying, though, for some of the cases, and we lost several men on the way over. A burial at sea is a most impressive thing. To see the shrouded figure slowly drop overboard, looking so piteously tiny as it sinks into the immensity of ocean; the ship's engines are still for a few minutes, and then, sounding out over the moonlit space, the long-drawn "A," the final note of the "Last Post." It seemed hard to understand why these poor fellows, who perhaps had been through the whole campaign, should die when so near home.

After the South African war the Army Nursing Service was reorganized under the title of Queen Alexandra's Imperial Military Nursing Service. The present strength is 311, serving in the United Kingdom, South Africa, Egypt, Gibraltar, Malta and Hong Kong.

At present the Reserve Force is also being reorganized on a different basis, the particulars of which are on one of the official pamphlets; H.R.H. Princess Christian's Reserve is, of course, still in existence. Miss Becher, the Matron-in-Chief of the Service, sent me a short time ago this typewritten precis, which she had drawn up; it may be interesting to you. The official copies are with the photographs and may interest some of you if there is time to look at them.

Hamilton. A. HAYHURST.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Constitution.

The Q.A.I.M.N.S. consists of a Matron-in-Chief, two Principal Matrons, Matrons, Sisters, Staff Nurses; such Non-Commissioned Officers and Qualified Orderlies of the Royal Army Medical Corps as have been specially recommended.

Conditions of Appointment.

A candidate is required to enter as Staff Nurse. She must be between 25 and 35 years of age, and possess a certificate of not less than three years' training and service in a Civil Hospital, having not less than 100 beds. She must be of British parentage, a Naturalized British Subject, and will be required to satisfy the Nursing Board that, as regards education, character and social status, she is a fit person to enter Q.A.I.M.N.S.

Pay.

Matrons	£75 to £150
Sisters	£50 to £65
Staff Nurses	£40 to £45

Allowances are given for board and uniform. Pensions are given after 20 years' service.

Further particulars can be obtained from the War Office, Whitehall, S.W.

Beginning in the Crimean period, and slowly developing by the appointment of a Superintendent and Sisters to the Chief Military Hospitals, the Army Nursing Service was in 1902 reorganized under the designation of Q.A.I.M.N.S.

This service is managed by a Nursing Board, of which Her Majesty, Queen Alexandra, is President.

The uniform of the Service is grey with scarlet facings. The badge is a cross pattee (as borne in the Royal Arms of Denmark), surmounted by an Imperial Crown, the letter "A" within a circle, surmounted by an oval band bearing the inscription:

Q.A.I.M.N.S. Motto of the Service, "Sub cruce Canamla."

The staff of Q.A.I.M.N.S. is maintained in all Military Hospitals of 100 beds and over, at home, and in certain stations abroad. A special staff of Sisters and Staff Nurses for duty in the smaller Military Hospitals is held in readiness in London and Dublin, from where they are despatched to nurse all serious cases for which their services are deemed necessary or desirable.

Paper—"The Institutional Nurse," by Mrs. Tilley, Kingston. Read by Miss A. J. Scott.

THE INSTITUTIONAL NURSE, OR THE PRIVATE NURSE IN THE HOSPITAL.

The employment of a private nurse in a hospital and the object for which she is employed are such well-known facts that at first sight there seemed nothing to say upon the subject, but on further consideration I find there are a few things we may learn.

The private nurse receives a call to the hospital with some degree of pleasure, for she is familiar with hospital routine and rules. If she be a graduate of the school, it is to some extent like resuming her training for a time; and if not a graduate of that particular hospital, she enters upon her duties without the peculiar dread and depression with which the majority of private nurses receive their calls to the home.

The reason for this I attribute to the partial absence of anxious relations and friends, the brighter atmosphere of the hospital as compared with the home where sickness is, and the assured welfare of patient when the nurse is away for rest and recreation. None but the private nurse realizes just what that means. To be able to go to bed or for a walk without mentally taking your patient with you is a positive joy, and one, to the best of my belief, none but a private nurse can know.

Her duties in the hospital are so plain before her that one can hardly believe there can be any difficulty. She should attend well to her patient, not in any way interfere or give advice with regard to other patients; keep her patient's room neat and clean; replace broom, dustpan, dishes or any article used in the place where she found them, and so help and not add to the work of others. Unfortunately, these simple requirements are not realized, or are wil-

fully neglected, for the private nurse is not a welcome addition to the hospital nursing staff.

Of course there are rules she has to observe from which she is free in the home. She should report to the Superintendent upon taking charge of case and when leaving. The head nurse should be kept in touch with patient's treatment, and the nurse, when leaving for her hours of rest, should leave a written report of patient's condition. As very frequently the head nurse is an undergraduate, and one, perhaps, who thinks she has nothing more to learn, because she is head of that particular section, this is perhaps a little hard on the experienced graduate. Some nurses object to this, thinking that if they report to the doctor on the case it is sufficient. But if they would stop to think that the responsibility which rests upon them in the home of the patient is now assumed by the hospital, and the unfairness of not doing all possible to relieve and help it, they would not object to so mild a request.

Graduates of the hospital do not have the difficulties of the graduates from other hospitals. This, perhaps, can be accounted for by the family feeling which exists between nurses of the same school, and the suspicions and "don't know you" feeling which comes between nurses of different hospitals until they become better acquainted.

Some of the complaints made against the private nurse are:

That she does not mind her own affairs. On no account should she stand around the corridors or halls, whilst her patient is resting, but keep strictly to her own room. She may, perhaps, be tempted to steal out for a chat with the nurses, and thus hinder them in their work. As the nurses in training are not entirely friendly to the private nurse, but look upon her somewhat in the light of an intruder, the opportunity for this is not very great. This seems to me to be not quite a fair criticism, for the first thing we learn on commencing our training is to attend to our own work.

That she is too critical. It is quite natural that a nurse entering a strange hospital should compare the ways of doing things with her own training, and that she should decide in favor of her own school. She has so little opportunity of voicing her decision, and it would make no difference to the hospital if she did. I think this objection rather applies to the Superintendent and nurses of the school, who stand aloof with chilly dignity, like the wide circle made around the stray bee which enters a hive to which it does not belong, the occupants of which may any time fall upon it and cast it forth.

That she does not fit in with hospital routine. The nature of her work as private nurse, in which she has to accommodate herself to all sorts of places and conditions, and the three years of her hospital training should leave no room for such a complaint. The private nurse, better than any other, should be able to "fit in," in hospital routine or any other. We all know there are such people who will not "fit in" anywhere. They are in every walk of life. They seem to fill the room, the house. I know of no remedy for this complaint. It is an individuality some of us unfortunately possess.

That she requires so much waiting upon. Again, I would call it an individualism. Some people go through life demanding and receiving service from others. Surely only a very few nurses can be accused of this failing.

There are times when it is absolutely necessary someone should wait upon the private nurse, and when it is the duty of the hospital to appoint a nurse for that purpose.

One incident I will relate which will show that the private nurse is not always to be blamed for requiring to be waited upon: The patient was very delirious, with a fixed determination to go down town. The room was on the ground floor, with an unprotected open window, for it was summer time. Poultices had to be applied. No provision had been made for the nurse leaving the room to make them, but through the day the nurse on the ward had kindly helped. As the night nurse was passing the door, the private nurse asked her if, when it came time to renew poultice, she would sit with the patient whilst it was being made. The nurse replied, "No, I can't; it will be time for my night supper." We who remember many cups of tea poured and never drunk, hurried bites taken standing up or rushing along corridors, and perhaps no supper at all, can but smile at such a reason given for not helping a fellow nurse. The redeeming feature of this incident is that the nurse who can so put self first will never break down or retire from over-work. This conduct should have been reported to the Superintendent—but was not.

Some nurses, it is claimed, have refused to wear their uniforms in the hospital. This does not apply to the nurse who is in actual practice, but to the nurse who is a friend or relation of the patient, has retired from active work, and has not, perhaps, a uniform at hand. As a white dress is always available, this should be insisted upon. For uniformity, if for no other reason, all nurses on duty in the hospital should wear a nurse's uniform.

In an operative case there is often trouble when the patient, and sometimes the private nurse, objects to the hospital nurse preparing the patient for operation. But the hospital, and not the private nurse, is responsible for the success of the operation as regards sterilization and absolute cleanliness, and should have full charge until the patient is returned to the bed. Then, and not till then, the private nurse's work begins.

The outlook of the private nurse upon the subject is more philosophical. She will say, "They were not very nice to me, but I did not mind," or "When you have been doing private work for a few years you get used to almost anything, and make the best of it."

Some have been very indignant because they have been placed at the probationers' table for meals. There can be no excuse for any hospital placing a graduate nurse at a beginners' table. The probationer may be mentally and socially superior to the private nurse, but if promotion to junior nurse, senior, and so on to black band, means anything at all, then surely the graduate nurse should be placed at the Superintendent's table, or at the very least at the senior nurses', unless a table be especially provided for her.

I have dealt with the question of the Institutional Nurse as applied to the hospital which has the private nurse only occasionally. The above remarks do not apply to the hospital or sanitarium where the private nurse is continually coming and going. A better understanding exists there, and a more friendly feeling. The private nurse is treated as one of themselves, and often as a guest.

There is considerable variation with regard to the hours the institutional nurse remains on duty. Some hospitals require eighteen, others sixteen, and a few twelve hours.

In all hospitals the pupil nurse takes charge of the case whilst the private nurse is resting. No set rules for the institutional nurse are available, each hospital making its own requirements.

There seems to be no very serious difficulties between the hospital and the private urse, but just sufficient to cause some irritation and misunderstanding. The private nurse is very susceptible to kindness. The Superintendent who could find time to be interested and friendly would be well repaid. The nurse would feel that she could go to her, and an understanding chat would straighten out the tangle.

R. W. TILLEY.

Kingston.

Paper—"The Canadian Nurse," by Miss Christie, Toronto.

"THE CANADIAN NURSE."

"The Canadian Nurse" is an infant magazine, just six years old, and during its short life it has done a healthful amount of kicking and shouting, to nurses of Canada, for food. But it has often been left hungry—and as a result it's a bit anaemic, and undersized and worried-like!

When you hear the story of its struggles, it trustfully hopes for an overfeeding of subscriptions and articles that will make it really become as prosperous as the main shareholder in a mining stock hold-up looks.

To speak seriously: The magazine has many difficulties. For example: The paid subscription list is between twelve and thirteen hundred. We frequently publish additional copies up to sixteen hundred, the extra three hundred copies being distributed as "sample copies," thereby hoping to be rewarded. We do know of one new subscriber from this effective source the last year. You will remember that "The Ideal Magazine" made mention of this point.

The average monthly income is two hundred and thirty dollars ($230), but the average monthly expenditure exceeds the average income by twenty-five dollars ($25).

And let me say here that no pennies are wasted in wayside places. The five directors who are the Executive of the Editorial Board get no salaries whatever, but have worked in their laborious positions because of a Utopian desire to make the magazine succeed. But as for the gleam of gold—it does not even know them by sight! But we do pay two dollars ($2.00) a page for all articles accepted. Will the Delegates explain this to their respective Associations, as it is not generally understood.

The Editor gets twenty-five dollars ($25) a month. Everybody knows how far twenty-five dollars does not go—three hundred dollars a year. But there is no money to give an adequate salary.

Now, there are at least sixteen hundred nurses in Canada who do not subscribe. In Toronto, the home of the infant, we have five hundred nurses.

BOVRIL

¶ Contains all the goodness of prime beef.

¶ It adds greatly to the nutrition of any dish and gives the rich appetising flavor of prime roast beef.

¶ Use it for your gravies and sauces.

SAL LITHOFOS

A Valuable Effervescent Saline Laxative Especially indicated in the treatment of Rheumatism, Rheumatic Arthrica, Neuralgia and all Uric Acid Diseases.

SAL LITHOFOS is a preparation containing in an active state Lithia and Sodium Phosphates. It is of special service in the treatment of Chronic Rheumatic and Gouty conditions, their allied affectations and in many other disordered states.

Expert knowledge and chemical skill of a high order were required to combine in this palatable preparation the necessary active constituents without it in any way producing the deterioration so often found in many advertised remedies.

SAL LITHOFOS is of value in restoring the organism to a normal state in a very short time. Sal Lithofos by virtue of its saline aperient qualities is of distinct service in the treatment of cirrhosis of the liver and its attendant disorders.

A three ounce bottle mailed on request.

The WINGATE CHEMICAL COMPANY, Ltd.

MANUFACTURING CHEMISTS

505 Notre Dame Street West, MONTREAL

and only one hundred and eighty subscribers, and I am absolutely sure that each of the sixteen hundred would gladly send in a dollar if she had any notion how much the magazine needed. We should have three thousand subscribers.

An especial reason is that it is easier to get advertisements if the subscription list is large. It may not be generally known that most firms refuse to advertise in a magazine of small circulation. You understand that the circulation of a magazine of this type is limited—comparatively—so it is essential for every nurse to get it herself, instead of reading some other person's copy. Also, when possible, send it to ex-nurses or interested outsiders. By way of suggestion, let philanthropy and Christmas-giving unite, next Christmas, when you are looking for the gifts suitable for your nurse friends who do not subscribe, or who have left the profession and single blessedness; send them "The Canadian Nurse" for the year. Directions sent in to the office will be most carefully attended to.

Perhaps if you count those dollars as part of your tenth for the Poor—and the Good, in this case—it won't seem so hard to spare.

Yet, again, remember every reader will get the benefit from YOUR dollar's worth of improvement in the magazine.

And, for the same reason, do not drop your subscription at the year's end, because you think it isn't worth while.

It isn't satisfied with itself either. But if you will hold in your mind and sympathy that an infant magazine has just as much trouble learning to walk as any other infant; if you are patient, and pick it up when it tumbles, some day it will be strong enough to fight for whole associations of you, when you need it!

The magazine has been called local in news, but it is not the Editor's fault. The Editorial Board has a representative on all Provincial Associations and Alumnae Associations. Each of these representatives is supposed to send in the news from her section of Canada. But the Editor often has to write again and again begging for the news—and then gets no reply.

Obviously, the Editor cannot publish news without receiving it, consequently the news is local. The dearth of news is a sad worry to the Editorial Directors, and they regret there is no surplus from which to give representatives a salary.

The magazine ultimately hopes, and means to be, a national magazine, entirely owned and managed by the nurses. With this end in view, the committee thought the first thing to do was to become incorporated. We asked the advice of Mr. John Ross Robertson, and he showed his sympathy very vitally, by bearing the expenses—over sixty-three dollars—that incorporation entailed.

Just here let me speak a word of tribute for that truly great friend of nurses—Mr. John Ross Robertson. He is a man of great-hearted personality, who expresses The Eternal Ideal in every-day life, and the nurses are assured of protection, generosity and sympathy so long as they have such a friend.

Incorporation places the magazine on a sounder business basis. All the members of the old Board are members of the Corporation. The Executive

MENNEN'S

Borated Talcum
FOR MINE

For Prickly Heat and Sunburn
Relieves all Skin Irritations

Sample Box for 4c. Stamp

GERHARD MENNEN CO.
NEWARK, N. J.

Trade Mark

of the Corporation is a Board of Five Directors, appointed annually, and meets monthly—oftener if necessary. An annual meeting will be held the fourth Wednesday of November.

An agreement with "The Canadian Nurse Publishing Company" makes that company responsible for the printing and business management, but in exchange they take four-fifths of the profits; the one-fifth left defrays the expenses of editorial work.

The charter contains a clause that permits the nurses to buy out the publisher at any time. With an eye on this, "The Canadian Nurse Fund," to raise One Thousand Dollars, was started, for you can easily foresee that the magazine will be an invaluable organ to the profession as Canada grows in wealth and population.

To quote from the charter, "The Canadian Nurse" aims to unite the members of the nursing profession, to advance the educational standing of nursing, to further necessary legislation in the interests of the nurse, and to afford an opportunity for discussion of literary, medical and kindred topics, and generally to promote the welfare of Canadian nurses.

The fund now is only seventeen dollars ($17); it grows slowly, and the one thousand dollars we aim to reach will be a nucleus to settle the publishers' price when that time comes. Only a dollar from every nurse and our fund would soon be established.

At least subscribe, if you are able, and tell large-minded, wealthy friends about it, also large-minded friends who are not wealthy.

The magazine opened its seventh year in January, 1911, as an incorporated concern, and coincident with it, Miss Bella Crosby, a graduate nurse, took Dr. Helen MacMurchy's position as Editor-in-Chief.

Let me say here that no few words could suggest our appreciation of Dr. MacMurchy's untiring and invaluable editorship for six years. Its sound foundation is in no small degree due to her able administration. The nurses owe her a lasting debt for the time she so generously spent upon it. I say generously by design, for the monetary return was so nominal that her work was almost gratuitous. It was able work done out of the goodness of heart of a busy woman, and she did it with the wish that a nurse would continue it as soon as one could be found who would do it.

It is well for an infant magazine to have a doctor and staff of nurses to bring it up. The incubating process has been one of absorbing interest to us, so you will forgive if we talk too much of our one chick.

I hope I have made clear some needs of our plucky young magazine. Nurses are thoughtful, sympathetic, lovely women, and if I have suceeded in being clear, I am sure the success of the magazine is certain.

There are three things I would send as an individual message to every Canadian nurse:

Will you give to your magazine, protection in your subscription, suggestions and views in articles, and popularity by talking of it to your friends.

If you do not actively help, then you actively hinder. There are no half measures.

A fine, mature magazine means mental health to the profession.

INSTRUCTION IN MASSAGE

Swedish Movements, Medical and Orthopædic Gymnastics

Courses in Electro-Therapy and Hydro-Therapy

The Instruction is theoretical and practical. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Theory of Massage and Gymnastics, Hydro and Electro-Therapy by members of staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Seperate male and female classes. Diploma.

Best equipped Institution for Physiologic Therapeutics in America; Electric Light, Dry Hot Air, Vapor, Blue Light Baths, Dr. Baruch's Hydriatic Table. All forms of Hydriatics, Nauheim Baths and Schott Exercises, Nebulizers, Vibrators, Frazier-Leutz Baking Apparatus, Solar and Lencodescent Lamps, Biers Hyperemia Apparatus, Galvanic, Faradic, Static Electricity, High Frequency, Sinusoidal Currents, X-Ray, Bachelet Magnetic Wave, Van Leyden and Frenkel system for the treatment of Tabes Dorsalis; special Gymnasium for the treatment of Spinal Curvature and deformities. Medico-Mechanical Zander Gymnasium. Particulars and illustrated Prospectus upon request.

SUMMER CLASS OPENS JULY 11, 1911—FALL CLASSES, SEPT. 20 and NOV. 15, 1911

INSTRUCTORS

HOWARD T. KARSNER, M.D. (Demonstr., U. of Pa.)

HOWARD A. SUTTON, M.D. } (Instructors Univ.
ELDRIDGE L. ELIASON, M.D. } of Pennsylvania.)

WM. EGBERT ROBERTSON, M. D., Professor of Medicine, Temple University.

WM. ERWIN, M.D., (Hahnemann and Rush Med. Coll.)

LOUIS H. A. VONCOTZHAUSEN, Ph.G., M.D. (Graduate Phila. College of Pharmacy, Med. Dept. Univ. of Penna., Penna. Orthopædic Institute).

MAX J. WALTER (Univ. of Penna., Royal Univ. Breslau, Germany, and Lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hospital for Women, Cooper Hospital, etc.) Philadelphia General Hospital (Blockley).

HELENE BONSDORFF (Gymnastic Institute, Stockholm, Sweden.)

LILLIE H. MARSHALL } (Pennsylvania Orthopædic
EDITH W. KNIGHT } Institute.)

MARGARET A. ZABEL (German Hospital, Philadelphia, Penna. Orthopædic Inst.)

Pennsylvania Orthopaedic Institute & School of Mechano-Therapy
(Incorporated)
1711 Green Street, PHILADELPHIA, Pa. **MAX J. WALTER, Superintendent**

Why not suggest to your friends in the profession that they should be subscribers to The Canadian Nurse? Do it soon.

Pond's Extract

As a mild and soothing solution for relieving the congestion and irritation of hay fever and allied nasal conditions there is nothing superior to Pond's Extract—a tablespoonful to a half glass of warm water. Used every hour or two as a nasal douche the relief is often marked, even when other measures have proven unavailing. Noted for its purity and uniformity, Pond's Extract has been for over sixty years the standard extract of hamamelis.

POND'S EXTRACT CO., London, New York, Paris

HAY-- FEVER

Will you send it daily a tonic thought of good will, and arouse a mob spirit of enthusiasm for it to help it on its way? You have listened at this convention to valuable suggestions on "How to Reach the Ideal Magazine." Will you not take them to heart? You would not actively hinder—so you must actively help.

In closing, we would most heartily thank all those who have so kindly contributed to its success in the past, and hope many, many more will follow their example in the future.

MINNIE E. CHRISTIE,

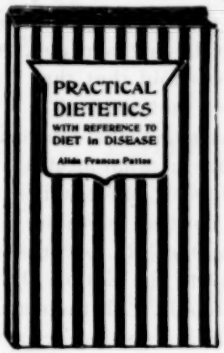
Toronto. Sec.-Treas., "The Canadian Nurse."

Miss Christie—The President of the Superintendents of Training Schools said that she did not understand our Board. Does she understand it now?

Miss McKenzie—I have received one notice of the Editorial Board. In that case I do not understand the Editorial Board. There is some defect there. I should like to know just exactly where we stand, what part the Editorial Board is supposed to play in notice of meeting, supplying of material. I have never been notified what it meant by my name being put on the Board. The Canadian Nurse does not seem to me a representative magazine. Some effort should be made that nurses in the outside parts should be represented in some tangible, prominent way on this magazine. Probably others have felt the same thing, and I should like some of them to let us hear about this. I am not at all satisfied with "The Canadian Nurse," and there are a great many nurses that are ashamed of it. I think the Canadian Nurses could prepare a better magazine than the one we have to-day. If it were made worth while, the difficulty would be in supplying magazines to the 3,000 nurses. If the nurses felt that the magazine really belonged to them in the Maritime Provinces and in the West, it would be worth while. I am a native of Toronto, and feel that I can criticise as a native of another city could not. I do not think a national magazine should have "Toronto" on the outside page. My craving is to have that magazine a magazine that we should be proud of, that every nurse will be interested in. I have absolutely nothing personal against any individual or any leader, but I do want the magazine to be what it professes to be, a National Magazine.

Miss Crosby—We are glad to have these questions asked, because I feel that a great many have these questions in their minds. It has been from the first the object of the journal to make it representative of the nurses of the Dominion. We have been trying these six years to get the co-operation of the nurses of the Dominion. We sought to establish this co-operation by correspondence. The magazine as it stands shows that we have not succeeded entirely in attaining our object. We are not going to give up until all the nurses co-operate to make it the best magazine possible.

In regard to the Editorial Board, we are trying now to have it composed of one representative from each Association of Trained Nurses in the Dominion of Canada. The duty of that representative is to send items to the journal, to send, when possible, articles to the journal or anything that her Association may wish published in the journal. There is a definite object in appointing our representatives. A great many of these are just names. We do not hear from them. We cannot get answers from them. We want a representative



Every Nurse Should Have Pattee's

"PRACTICAL DIATETICS"

By Alida Frames Pattee

Adopted by Canadian and United States Governments. Suggests appropriate food for every disease, also what to avoid. Gives proper diet for infants and children, and preparation of same.

PUBLISHED BY A. F. PATTEE, MT. VERNON, N. Y.

Sixth Edition, enlarged and revised, 12mo. cloth, 550 pages.

Price, by mail, $1.50 in advance **C.O.D., $1.75**

Special Offer to our Readers — Send us your renewal and two new subscribers and we will send you this valuable book free.

ADDRESS:

THE CANADIAN NURSE - Toronto, Canada

The Woman's Hospital in the State of New York

West 110th St. - New York City

A POST-GRADUATE COURSE of six months is offered in surgical nursing and in operating room work. Lectures on surgery, gynecology and operating room work, a course in massage, class work and demonstrations are arranged. Practical experience in ward management, under supervision, and instruction in the management of other hospital departments are given. The nearness of the Hospital to Columbia University permits the pupils to take advantage of special lectures offered by the Department of Nursing and Health at Teacher's College. Nurses completing the six months course receive a diploma.

For any further information apply to

Superintendent of Nurses

Home Nursing

JUST PUBLISHED

By BERNARD MYERS, M.D., C.M., M.R.C.S., L.R.C.P., Lecturer and Surgeon to the St. John Ambulance Association. Second Edition. Pp. xii. + 144, with 15 illustrations.

Price 40 cents

The Canadian Nurse
TORONTO

from each Association who will keep her Association in touch with the journal.

As to this word "Toronto" at the top of the first page, we deplore that as much as you do, but that is a regulation of the Postoffice Department and, therefore, had to be. We went to the Department, but were told that that was a regulation of the Postoffice. Of course, we had to let that pass.

Miss McKenzie—When were all these regulations about the composition of the Editorial Board made, and if there is any change, at what meetings will they be made, and how often does the Editorial Board meet, and how is it that other members of the Editorial Board have not been notified for these years?

Miss Crosby—Until recently we were not as business-like as we should have been. A great deal of the work was left entirely to the Editor, Dr. McMurchy. The Board, as now constituted, will meet annually. All the members will have the privilege of attending the meeting. All the business from time to time is attended to by the Board of Directors, but all the members of the Editorial Board will be notified of the annual meeting.

Mrs. Fournier—I should like to have some light upon the Board of Directors. I have held that same position on the American Journal of Nurses as collaborator. The Board wrote me, asking me for material, and I did what I could for Indiana. Personally, I know that Indiana became immediately interested in the Journal, and a great many new subscribers were added.

Miss Scott—Perhaps if you read the Act of Incorporation it would throw some light on the subject.

Miss Crosby—I am sorry we cannot comply with that request. We have not brought a copy of the Act.

Miss Phillips—I have tried my best. I know there are a great many in Montreal who do not take it. One nurse who reports calls me up and asks for material to send to Toronto. Sometimes they think things too unimportant to send. Most of the active members do take it.

Miss Crosby—We so often cannot get any response from the nurses of the different Associations to whom we write. It is not our fault that the news is local in character. This will show you why the journal fails in this way, and we ask your co-operation in the future to make the journal better each month. We will expect from all the different centres represented here prompt replies to the requests of the Editor for news and for articles. We want all the Associations to co-operate, and not until all do co-operate in this way can we bring the journal up to what we would like it to be.

THE PRIVATE NURSE.

The Private Nurse of to-day should merit a much higher standard in the eyes of the public than is awarded her, and yet we must not malign the public too severely in their criticism of the nurse. I am speaking now of the Professional Trained Nurse. In regard to her obligations to her patients, and her patients' family, the nurse should be held in their strictest confidence, not only personal but general. To be able to accomplish this successfully, she must be capable of meeting and overlooking the deficiencies in the make-up of many

"scientific pharmacy is the result of thought, care, expense and time.

These four qualifications combined and devoted to one product produce uniformity, reliability and dependability.

A physician exercising his diagnostic skill is entitled to a remedy which is the outgrowth of scientific pharmacy.

In inflammatory diseases more so than in any other, the desideratum is prompt and immediate action in order to inhibit septic progression.

Such results, however, are only obtainable with a remedy which is at all times uniform in its effect and certain in its action.

Antiphlogistine is such a product, wherein is concentrated every effort to produce a remedy in which the profession can place its confidence.

That they have so responded is proven by its extensive employment in every kind of inflammation where hot moist heat is tantamount to a cure."

homes even of to-day. All homes where illness invades have not modern conveniences, which, of course, makes the duty of the nurse more strenuous, but these items are to be overlooked, and her experience, tact and training are here brought into play.

All trained nurses have not come from modernly equipped homes, with every needful comfort at their finger-tips. Then why do they refuse to care for patients in private homes which lack these comforts? It is true, nevertheless, some of our profession actually refuse to take charge of patients unless they have convenient homes.

It is the greatest possible mistake ever made, and must be overcome. A true nurse will surely understand that those who are extremely ill and can barely afford the care of a trained nurse are the very backbone of the human race, and should have the greatest possible attention.

In hospitals there is no distinction made regarding the financial standing of the patient. All get their limited amount of attention from the ward and floor nurses, then why exact a distinction when the training is complete and we look to the public for practice. It seems it is either the very wealthy or the extremely poor who demand the attention of our profession.

The wealthy easily afford the extravagance of a trained nurse, and the poor are sent to the hospital and depend on the community for assistance.

Again, the congeniality of the "White-Capped Angels of Mercy" is questioned. Mothers have said to doctors, who have insisted upon engaging the services of a trained nurse to take care of his patient, "Well, I hope when the nurse enters at the front door my maid won't leave at the back door." That expression, I take it, is a great insult to our profession, and yet it is really deserved in some cases.

One of our profession is sent to a well-established home, and the routine of the home is not inconvenienced whatever, simply because this nurse understands her work, has appreciated her home and hospital training, is unselfish and knows her place. It is a pleasure as well as a comfort to have her in the home.

Another of our profession is sent to another of the same well-established homes and chaos reigns. A miniature drug store is telephoned for, a complete revolution of household routine is engaged in, the maid in the kitchen is enraged that her domain is upset by soiled dishes being left there in the middle of the afternoon or late at night. Then the nurse insists on taking her constitutional at the most inopportune time, upsetting some plan arranged by the mistress.

What is the difference?

Selfishness and lack of tact. Let your inventive mind overcome lack of numerous articles you think you must have, treat the maid with respect, not familiarity, try to arrange your plans to accommodate those who have to relieve you. Remember that sickness in the home is causing enough worry without the petty shortcomings of the nurse; because you are there in compliance with a doctor's order, and at the salary given you by the patient, so it is no

HORLICK'S MALTED MILK

FOR INVALIDS AND INFANTS

Has been used successfully in all parts of the civilized world for over a quarter of a century. Is prepared under strict supervision in the largest, the cleanest and best-equipped plant of its kind in the world. Stringent regulations govern the milk supply, the grains are malted on the premises, and every detail is carried out in a scientific manner. The standard food of its type, imitated but never equalled.

Samples sent, free and prepaid, to the profession upon request

HORLICK'S MALTED MILK CO.

Racine, Wis., U.S.A.

Slough, Bucks, England **MONTREAL, CANADA**

The Graduate Nurses' Home and Registry

PHONE 3450
DAY OR NIGHT

375 Langside St., - Winnipeg

WEDDING CAKES
A SPECIALTY

COLES

Caterer and Manufacturing Confectioner

719 YONGE STREET
TORONTO

BATES & DODDS

931 Queen Street West.

Most up-to-date PRIVATE AMBULANCE SERVICE. Fitted with Marshall's Sanitary Mattress. Two experienced men always in attendance.

TELEPHONE PARK 81

"Practical Diatetics"

By Alida F. Pattee

"The best book on the subject published."

SEE OUR PEMIUM OFFER
PAGE 377

compliment to the household to employ you. Maybe it is a compliment to you to have the household tolerate you.

Let each nurse ask herself what is her greatest fault, and then talk it over with herself, make up her mind to overcome it, and so follow in the beloved footsteps of the Glorious Florence Nightingale, whose thoughts of self were meagre , but of others a thousandfold.

E. MAYSIE ROSS,
293 Princess Ave., London, Ont.

Appointment of Auditors.

Moved by Miss Christie, seconded by Miss Wardell, that it be left to the Executive. Carried.

Moved by Miss DeVellin, that Miss Jamieson be re-elected as our representative on "The Canadian Nurse Editorial Board." Carried.

Moved by Miss Christie, seconded by Miss Ewing, that a vote of thanks be sent for their expression of sympathy and greeting to the Canadian Association of Nurses in Montreal, to be conveyed by Miss Phillips. Carried.

Miss DeVellin moved a vote of thanks to Miss Rodgers, Mr. Grier, the members of the Women's Hospital Auxiliary and the Medical Association of Niagara Falls for the very delightful hospitality extended to the Association and for all that has made our visit to Niagara Falls so very pleasant and memorable.

Moved by Miss Wardell, seconded by Miss Christie, that the place of meeting of this Association be left to the Executive Committee for decision. Carried.

Moved by Miss Ewing, seconded by Miss DeVellin, that meeting be adjourned.

PUBLISHER'S NOTE

For over ten years the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, Pa., offers its course of instruction in Mechano-Therapy to the nursing profession. From small beginnings the school has grown to be one of the foremost in this country, and has more than seven hundred graduates in all parts of the United States and Canade. The facilities to teach this branch of Medicine are unsurpassed. The equipment is the very best to enable the pupil to become familiar with all the various forms of mechanical treatments. The instruction is theoretical and practical. Lectures, Quizzes and Lantern-Slide Demonstrations on Anatomy, Physiology, Pathology, Theory of Massage and Gymnastics, Hydro-Therapy and Electricity, by Members of the Staff and invited Physicians accompany the practical class-room instruction and the clinical experience on our dispensary patients. Pupils are required to attend regularly several of the largest hospital clinics in the city. The School's Diploma is given at the end of the course upon satisfactorily passing the final examinations. Though the School does not guarantee any positions after graduation, we have placed several hundred of our graduates in well-paying positions. For full particulars and illustrated prospectus, write to the Institute.

Dr. Mallet says that in so far as the caffeine contents of Coca-Cola is concerned that it contains less caffeine than does the average cup of coffee or the average glass of tea.

Black Tea: 1 cupful thereof containing 5 fluid ounces contains 1.54 grains of caffeine.

Green Tea: 1 glassful of 8 fluid ounces, contains 2.02 grains of caffeine.

Coffee With Hot Milk: 1 cupful of 5 fluid ounces, three-fifths coffee, two-fifths milk, contains 2.60 grains of caffeine.

Black Coffee: 1 cup after-dinner coffee of two fluid ounces contains 1.74 grains of caffeine.

Coca-Cola Syrup: 1 fluid ounce contains 1.21 grains of caffeine.

Dr. Mallet further testified as to his experience with caffeine containing beverages, and we quote word for word from the evidence:

"Q. What experience have you had with the use of caffeine-containing beverages?

"A. I have had my own experience and general observation of others who use it, but my attention was particularly directed to it during the Civil War as given to or of necessity withheld from troops.

"Q. Have you had any particular experience in the use of coffee yourself?

"A. Yes, the ordinary, individual use.

"Q. What quantity and how long?

"A. You mean continuously?

"Q. Yes.

"A. I have generally taken from one to two cups a day.

"Q. For how long?

"A. Oh, for a great many years—forty or fifty years.

"Q. Did you notice the use of it during the time you speak of, during the Civil War period?

"A. Yes

"Q. What was your observation of the use of coffee during that time?

"A. Well, sir, the general result of my observation is that the use of caffeine, or beverages containing caffeine, in moderation is not only not harmful but absolutely beneficial—some times very markedly so; and then, on the other hand, the excessive use of caffeine may undoubtedly give rise to disorders and a certain amount of disturbance to health.

"Q. Doctor, in your opinion is caffeine habit-forming?

"A. No, sir, not in the correct use of the expression "habit-forming."

"Q. I wish you would explain what you mean by the correct use of the expression "habit-forming?"

"A. In the first place, I think the habit formed must be a detrimental one and an injurious one, and in the second place, one which becomes so firmly fixed upon a person acquiring it that it is thrown off with great difficulty and with considerable suffering, and in the third place, that the continued exercise of the habit increases the demand for the habit-forming drug; and caffeine is not a habit-forming drug in that sense."

The remaining part of his testimony was, going into detail in regard to the expert analysis of Coca-Cola syrup and the technical way in which these analyses were carried out.

Now, Doctor—We believe that after reading the above, you will agree with us that far from being harmful, Coca Cola is actually beneficial.

Let us send you some coupons; each good for a glass of Coca-Cola. This will be your test of taste.

THE COCA-COLA COMPANY, Toronto and Montreal